

# CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

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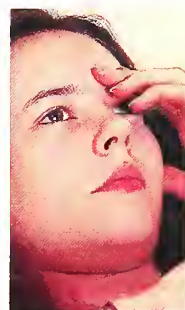
30 May 1998

### Oxford appoints 10 practice pharmacists

### Free pharmacy testing for teen pregnancies

### Tories speak up for RPM as DoH writes to MPs

### When falling asleep means counting sheep



### Guest editor Mackie: who should accredit?

### Savings of 13bn ECU from self-medication

### Pharmacists ignoring the millennium bug

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**F**unding of health care has always been a minefield for governments, as health and education tend to be the areas that voters judge their elected representatives on. The demand for health care is set to increase as the proportion of those over 65 increases. New developments in medicine have produced highly effective, but in some cases highly expensive, treatments. Greater access to information means that patients are better informed about these advances and more demanding. With a limited budget it's essential that governments choose the most effective ways of spending money to gain the maximum benefit for their citizens. Different nations have developed various forms of cost containment, including price control, co-payment and blacklisted products.

A new report, published by the AESGP (p16) has suggested that increased self-medication for minor ailments would facilitate more effective use of resources – and not just cash resources. In most countries, GPs are under acute pressure of work and transferring treatment of minor ailments to pharmacists would have the dual benefits of enhancing the professional role of the pharmacist and allowing GPs to spend more time on more serious conditions and health education strategies. An analysis carried out by the AESGP estimates that the costs of visits to GPs for minor ailments and related costs, eg lost earnings, are 25bn ECU. Encouraging self-medication could cut these costs by up to 13 billion ECU. The success of this lies largely with you, the pharmacist, as consumers need to be confident that self-medication is in their interest and not just a cost-cutting exercise by governments or a promotional campaign by OTC manufacturers. This analysis adds more weight to the argument that pharmacists can make a contribution not only to patients' managed care but also to the cash-strapped NHS.

## CHEMIST & DRUGGIST

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Chemist & Druggist incorporating Retail Chemist & Pharmacy Update

Published Saturdays by  
Miller Freeman UK Ltd, Sovereign Way,  
Tonbridge, Kent TN9 1RW  
Telephone: 01732 364422  
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Internet site:

<http://www.dotpharmacy.com/>

Subscriptions: Home: £127 per annum  
Overseas & Eire: £182 per annum  
including postage.  
£2.40 per copy (postage extra).

Circulation and subscription: Royal  
Sovereign House, Beresford Street,  
London SE18 6BQ. Tel: 0181 855 7777

Refunds on cancelled subscriptions will  
only be provided at the publisher's  
discretion, unless specifically  
guaranteed within the terms of  
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The editorial photos used are courtesy  
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**in** Miller Freeman  
A United News & Media publication



# CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

VOLUME 249 No 6139 138th YEAR OF PUBLICATION ISSN 0009-3033

**Oxford appoints ten practice pharmacists** 4

Ten community pharmacists to work with medical practices

**Free pharmacy testing for teenage pregnancies** 5

Rotherham HA is co-ordinating free pregnancy tests

**Tories speak up for RPM case** 6

John Redwood says the Government should assess cases of competition individually, rather than seeking blanket restrictions



**AESGP conference: Managing health care** 16

Self-medication could save 13bn ECU

**New concept shop for Chemex '98** 20

Unichem's idea will be a major attraction for visitors to this year's exhibition

**The long road from A to Zzz** 22

How can pharmacists help customers to sleep?

**Guest editor: who should accredit?** 26

Mackie questions three eminent pharmacists



**What goes into a product launch?** 30

C&D follows product manager Bella Given for a day

**Pharmacists ignore millennium bug** 32

Many have not ensured their computers will cope with date change

**UK pharmacists are top performers** 33

Pharmaceutical sales through UK pharmacies rose 7 per cent

## REGULARS

**Topical Reflections** 7 **Coming Events** 33

**Counterpoints** 8 **Classified Advertisements** 34

**Prescription Specialities** 14 **Business Link** 3

**Business News** 32 **About People** 38



## Baby dies after being given wind remedy

A newborn baby died after being given peppermint water for wind, an inquest in Liverpool heard last week.

Matthew Young was said to have stopped breathing after his father used a syringe to administer a few drops of the medicine at his home in Runcorn, Cheshire. The baby died later in hospital.

The inquest has been adjourned and samples of the remaining mixture are being analysed. The prescription was dispensed at the Hallwood Health Centre Boots in Runcorn. A spokesman for the company said: "Our deepest sympathies go out to the family but, in the light of the coroner's inquest, it would be inappropriate for us to comment any further at this stage."

The story was reported on the front page of *The Times*.

## Oxford HA appoints ten practice pharmacists

Oxfordshire Health Authority has appointed ten community pharmacists to work with non-fundholding general medical practices for a year, starting next month.

The pharmacists will work an average of a half day per week at ten practices in the HA, with the objective of making the practices' prescribing more cost-effective. The service is being paid for with a \$4,000 allocation from each of the surgeries' drug budgets.

At three three-hour training sessions during the past two months, Oxfordshire HA's pharmaceutical advisers Julie Dandridge and Ian Simpson lectured the recruits on PACT analysis

and communication skills.

"This initiative is a means of making available to non-fundholding practices what fundholding ones have had over the past few years, with the help of hospital pharmacists. It is excellent from the GP's point of view," says Dr Tom Jones, the HA's primary care medical adviser.

Dr Jones explains that the HA will be assessing the pharmacists to see whether they are as effective as hospital colleagues at working in practices and implementing change in primary care groups.

Oxfordshire Local Pharmaceutical Committee's former chairman, David Morgan, also endorsed the project.



One lady who has been much in the news recently is Clare Mackie. A key member of the Crown Review, the new head of the school of pharmacy at the Robert Gordon University, and only last week elected to the Royal Pharmaceutical Society's Council. She is *C&D's* guest editor this week (p26). Her three chosen authors – all well known Scottish pharmacists – look at professional development and accreditation against a backdrop of the drive for quality in the NHS

## No bad blood between GPs and pharmacists in Sunderland

Recently introduced community pharmacy anticoagulation clinics in Sunderland have proved so popular that several local GPs are asking pharmacists for help in setting new ones up, according to a local hospital pharmacist.

Pharmacist Dr Labib Tadros, the co-ordinator of the anticoagulation clinic at the Sunderland Royal Hospital, recently helped set up two community pharmacy based anticoagulation clinics, which were originally pioneered by local pharmacist John Hall (*C&D* February 21, p4).

Pharmacists Neil Frankland from Pallion Health Centre and David Blench from Houghton have been running anticoagulation clinics in Sunderland since

April 1 (*C&D* February 21, p4). Together with Dr Tadros they

have already helped train one local GP – and several other GPs

are waiting to be trained.

Although the community pharmacy clinics now look after over 250 anticoagulation patients, Dr Tadros believes there is room for further growth. He says: "A cardiologist consultant at the hospital predicted the number of patients attending the hospital clinic would increase from 1,200 to 2,500 by the year 2000. We are trying to devolve some of this workload to the community so we can cope."

"I am thrilled with what I have seen the other pharmacists achieve. They have been highly successful in providing patients with anticoagulant advice and their actions are helping put pharmacists in the primary health care team."



**Pictured (l-r) are community pharmacists David Blench, Stephen Foster and John Hall; senior hospital pharmacists at the Sunderland Royal Hospital Loran Nicod, Paul McLean, Clare Wetherell and Fiona Inns; community pharmacist Neil Frankland and anticoagulant clinic manager Dr Labib Tadros (SRH clinical pharmacist)**

## Pharmacists to have ex-directory access

Community pharmacists are to have emergency access to ex-directory telephone numbers, in line with doctors, hospitals and emergency authorities.

British Telecom has agreed to the move following representations made by the National Pharmaceutical Association. A set of guidelines has been drawn up by the NPA, and approved by the Royal Pharmaceutical Society. These will appear in the July edition of *Medicines, Ethics and Practice* issued by the Society.

BT agreed the privilege in February. The NPA is warning pharmacists that they must act appropriately and only exercise their right of access when strictly necessary. The guidelines are:

- pharmacists should only consider asking for connection to an

ex-directory, no-connection number in a 'life and death' situation – an emergency which is likely to pose a very serious threat to health if information cannot be passed on immediately and the number cannot be obtained from another source

- pharmacists should dial 100 to explain the situation and request connection

- pharmacists will only be connected if: they are calling from community pharmacy premises; they explain the reason for the emergency request and advise the operator that it is a life and death situation (the operator will not be judgmental); they give their name and that of the pharmacy.

BT will monitor all such requests and has the right to withdraw the facility.

## Boots to celebrate NHS 50 on High Street

Boots the Chemists is hoping to promote pharmacy within primary health care by seeking partnerships with other health care professionals to celebrate the NHS' 50th anniversary.

A newsletter sent out this week by the NHS Anniversary organisers says Boots is inviting NHS staff to submit suggestions for joint initiatives to local store branch managers. Among suggestions in the newsletter are using stores as a venue for drop-in and advice sessions with health visitors, community midwives or practice nurses, or for ambulance paramedics to use stores as a venue for offering basic sessions on essential first aid with in-store pharmacists.

"We are encouraging stores across the country to get

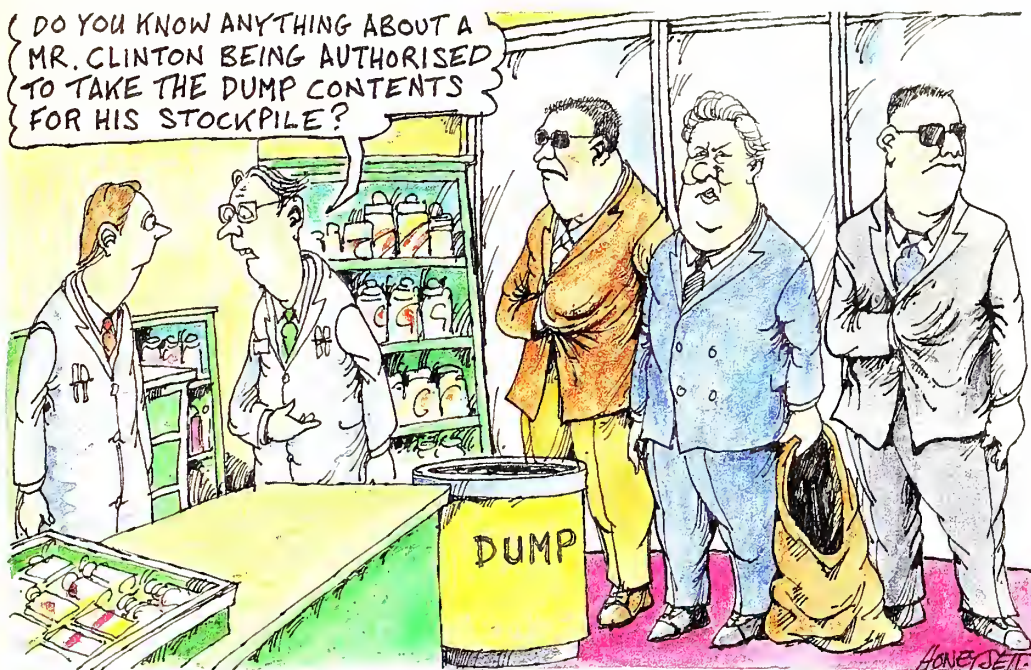
involved," said BTC's spokesman Tim Legge on Tuesday. "Boots on the High Street gives good access for people to talk to health professionals. It's a good opportunity to involve pharmacy at the core of primary health care and the NHS."

Activity is not being organised nationally but is being left to local managers to implement. Mr Legge adds that Boots would be very happy to work with other pharmacies. The newsletter advises GP practices and NHS trusts to contact local stores, but health authorities should contact Boots' regional offices.

- A guide to help the public understand more about health and everyday ailments is to be published by the NHS in June. For details, contact 0542 555455.



DO YOU KNOW ANYTHING ABOUT A MR. CLINTON BEING AUTHORISED TO TAKE THE DUMP CONTENTS FOR HIS STOCKPILE?



President Clinton has called for the stockpiling of antibiotics and vaccines as part of a US strategy to protect its citizens against attack by germ warfare

## Drug alert

ALK (UK) has issued a Class 4 'caution in use' warning for its Epipen Auto-injector 0.3mg/0.3ml (batch numbers 806509/M013977, 806509/M014143, 725902 and 732213) and Epipen Junior Auto-Injector 0.15mg/0.3ml (725901, 806507/M014047 and 806507/M014131). The company is concerned that up to 10 per cent degradation of adrenaline (epinephrine) may occur in about 10 per cent of the batches, due to a faulty assembly process. The product is not being recalled at this stage, but ALK is advising that a second dose may be given if symptoms are still present 15 minutes after the first injection. Patients with Epipen or Epipen Junior should ensure they carry a second auto-injector with them.

## NI stats ...

There were 1,742,676 items dispensed from 1,049,684 prescription forms in N Ireland in February. The ingredient cost was £16.56 million (£15.50m net). The discount was £1.059m, with oncost and other payments totalling £2.769m. The gross cost was £18.27m (£17.73m net). Gross cost per prescription was £10.4812 with ingredient cost £9.5004. The net ingredient cost per prescription was £8.8925.

## ... and for Scotland

There were 4,414,546 prescriptions dispensed in Scotland in February, 4,406,457 by chemist contractors, at a total cost to the exchequer of £42,280,105. For chemist contractors, the ingredient cost per prescription was £8.6142, dispensing fees of £0.9267 with a professional allowance of £0.3731 and oncost of £0.0018. The gross total per prescription was £10.0230 or £9.5670 net. The average CD fees cost per prescription was £0.0568.

## Premises down

The number of premises registered as a pharmacy fell in April by 14, to a total of 12,239. This is the fourth consecutive month of net deletions. There were 25 premises commencing trading and one restoration, but 40 deletions from the register.

## Child safety

'What's their poison' is one of a series of leaflets being distributed by the Child Accident Prevention Trust to promote Child Safety Week (June 22-28). The leaflet is available from the Trust at 18-20 Farringdon Lane, London EC1 3AU, priced £6.50 for the first 100 and £5.00 for each additional 100.

# Free teenage pregnancy tests

Rotherham Health Authority is co-ordinating pharmacists to provide free pregnancy tests to teenage girls and to act as a liaison between them and local health services, in a bid to cut local rates of teenage pregnancy.

The 'Rotherham Action on Pregnancy' project, which is part of a teenage pregnancy/sexual health campaign funded by the government's Single Regeneration Budget, involves 16 pharmacists from 14 pharmacies.

Under the scheme, pharmacists are being provided with free pregnancy tests by the HA and being paid \$8 for administering the test, distributing an advice

pack and explaining what health services are available locally.

Packs contain a free condom and a copy of the local district's sexual health service directories as well as listings of drug and alcohol services. Both pharmacists and counter assistants have received HA training for the project.

"Seventy-five per cent of teenage girls have negative pregnancy tests and this presents an opportunity to deliver a contraceptive message. Pharmacists can help by directing these girls to their GP, family planning clinic or youth clinic," says Pam Allen, a senior health promotion

officer at Rotherham HA.

An inter-agency group has taken seven months to develop the project. Rotherham Local Pharmaceutical Committee chairman, Jan Midgley, says: "We believe that by offering the test early, we will increase the choices available to young pregnant girls."

● As part of the overall campaign, the HA is developing initiatives to talk to young men about safer sex and condoms, and to send teachers on sex education programmes. Discussions are underway with Barnsley and Doncaster HAs on an emergency contraception media campaign.

## New Age resource pack on changing NHS issued

A guide for pharmacists to highlight how the planned NHS changes relate to Building the Future under the Pharmacy in a New Age initiative has been issued.

'The Changing NHS - a resource pack for pharmacists in England' provides an overview of the NHS White Papers and public health Green Papers, as well as the primary care group timetable and action plans. Although published by the Royal Pharmaceutical Society, the resource pack contains guidance and papers issued by the National Pharmaceutical Association and Pharmaceutical Services Negotiating Committee.

Pointing out that the 'new NHS' will not wait, Building the Future project manager Anne Adams says: "It is essential that

pharmacists from all organisations collaborate and liaise to present a united professional image to their NHS colleagues that pharmacy services can make a significantly greater contribution to the NHS."

Copies of the document have been issued to the 25 local PIANA co-ordinators and Branch secretaries. Ms Adams points out that the PIANA co-ordinators will be able to advise on action that can be taken locally and offer practical help. A national helpdesk for Branches needing more information about the NHS changes and local PIANA action has been set up on 0115 939 6465 (phone/fax).

● The second issue of Intercom, the Society's magazine for branch public relations officers, has been issued.

## Complementary boom over?

Complementary medicine's popularity may have reached its peak, believes Edzard Ernst, director of Exeter University's department of complementary medicine, who wants to see more rigorous research into efficacy and safety.

The boom depends substantially on herbal remedies and food supplements which are under constant threat, he says.

Professor Ernst believes that while some may celebrate this decline as an end to "the flight from reason", others will lament the fact that helpful treatments will become less accessible. "This perpetual rise and fall of complementary medicine is scientifically unproductive and financially wasteful," he says in the *Journal of the Royal Society of Medicine*.



# Redwood speaks up for RPM case

The Government should look to assess cases of competition individually, rather than seeking blanket restrictions in the new Competition Bill, John Redwood has warned.

At a press conference held before committee stage proceedings of the Bill, Mr Redwood, shadow president of the board of trade, called for the case of Resale Price Maintenance to be dealt with fairly. "Conservatives are not against strengthening competition, but [the Government should] do it on a case by case basis," he urged. "Government zealots seem to want more competition, but they do not seem to have the sensitivity of touch."

Mr Redwood suggested that Health Secretary Frank Dobson is trying to prevent a backbench rebellion, possibly by hinting that money could be made available with reference to the Essential Small Pharmacies Scheme.

Such subsidies may buy off the 180 Labour backbenchers who have signed the early day motion in support of RPM, but how long would such a scheme last, asked one of Mr Redwood's colleagues.

Although the Department of Health afterwards said that no such money is in the pipeline, speculation has been raised in the press that a further \$6 billion may be made available to the NHS over three years from July.

A document has been circulated to Labour MPs from Mr Dobson's office echoing what President of the Board of Trade Margaret Beckett told *Chemist & Druggist* a fortnight ago (*C&D* May 16, p4).

Among the points raised in the circular is that "the Government is fully committed to the place of community pharmacy within the NHS". It continues: "... we are not abolishing RPM for drugs. All the Bill does is maintain the position that has applied for 30 years, namely that RPM should be allowed, but only if an independent competition body is satisfied that it is in the public interest."

Community Pharmacy Action

Group representatives also spoke at the briefing. National Pharmaceutical Association director John D'Arcy stressed that the debate was not party political but was a consumer issue – the principal concern being the viability of pharmacies to offer a full range of pharmaceutical services.

Royal Pharmaceutical Society secretary and registrar John Ferguson questioned the paradox of the Government's action on RPM, and the effect it could have on there being a pharmaceutical presence in the community at the same time as it was seeking to restrict paracetamol pack sizes over safety fears.

## Warning to effect efficient business methods

Elderly patients were given the wrong medicines by a pharmacist who also claimed payment for items not dispensed, a disciplinary hearing was told last week.

Sailes Nathwani of Churchill Drive, Glasgow, also provided inaccurately labelled or unlabelled medicines at his pharmacy in Drumoyne Road, it was claimed.

David Bradley, for the Royal Pharmaceutical Society, told the Statutory Committee that the complaint concerned irregularities in dispensing practices relating to four patients whereby alternative products were substituted for those prescribed, dispensed medicines were supplied inaccurately labelled, and prescriptions containing items which had not been dispensed were submitted to the Prescription Pricing Bureau for payment.

The Committee went into camera to hear the defence evidence

due to the restraints of time, having previously submitted written evidence.

However, during open session under cross examination by David Aaronberg, counsel for Mr Nathwani, Society inspector John Liddell said he was first approached by the Greater Glasgow Health Board because it was worried about fraud.

When questioned by the Committee, Mr Liddell said Mr Nathwani did not have a methodical way of handling things, adding: "It is possibly a problem regarding the volume of business."

Mr Liddell conceded the substitution allegation amounted to only about 50p profit and might have been better dealt with by a warning from the Health Board. There were no adverse consequences for the patient.

The scripts submitted to the PPB produced payment of \$200. The scripts were written for a

woman who was twice prescribed the wrong colostomy products. Investigations revealed she had never collected the items from the pharmacy, nor had Mr Nathwani ordered them from his suppliers.

The Committee found Mr Nathwani guilty of misconduct and issued him with a reprimand.

Chairman Gary Flather, QC, said no one had complained about the efficacy of the drugs he had dispensed. However, "the doctor prescribed something else and the pharmacist must always dispense what the doctor prescribes".

Mr Flather described Mr Nathwani's methods as "very deficient" and concluded: "You really must consider business methods and your own capability to do 8,000 prescriptions – with only two part-time assistants – per month, two and a half times the national average."

## Complaint over out-of-date medication leads to reprimand

Out-of-date drugs were supplied to a cancer patient by a Potters Bar pharmacist who tore an identifying label off a packet and scraped 'use by' information off the vials.

The pharmacist claimed that all he wanted to do was supply medication to a patient in need of it.

However, he was reprimanded following a hearing at the Statutory Committee of the Royal Pharmaceutical Society of Great Britain last week.

Dipak Budhdev of Radlett, Hertfordshire – a 50 per cent shareholder in Welfare Ltd, based in College Road, Harrow – admitted professional miscon-

duct when he was working at the company's pharmacy at Southgate Road, Potters Bar in October 1996.

A district nurse had phoned the pharmacy to ask if it stocked dexamethasone injections for a patient who had developed inflammation of the oesophagus caused by cancer.

Mr Budhdev agreed to supply and phoned his wholesaler and other pharmacies to try to find the medication. He failed, but then gave the nurse medication which was months out-of-date.

The mistake was discovered when the patient's treatment was changed and the remaining medication was returned to the GP.

The GP made a complaint to Hertfordshire Health Authority, and Pharmaceutical Society inspectors were called in.

When they searched the Potters Bar pharmacy they found other out-of-date items; on some there were batch numbers and dates that had been scraped off.

Mr Budhdev told the hearing that he was "very remorseful and sorry" about what had happened.

The Committee was given a pile of references, including one from the doctor who made the original complaint.

It was for those reasons that the Committee was prepared to dispose of the complaint by way of a reprimand.

## Profitless dealings

A Norwich pharmacist forged three export documents used in a \$400,000 deal, but claimed he did not make any profit from it.

Chandrakant Ondhia of Yarmouth Road, Blofield, was giving evidence to the Statutory Committee of the Royal Pharmaceutical Society last week.

David Bradley, solicitor for the Society, explained that Mr Ondhia, who owns a wholesale company in Great Yarmouth and high street businesses, arranged for the export of the drugs from France, saying they were bound for Africa and would not be sold in the UK. But the drugs came to this country and his wholesale company.

On December 11 last year at St Albans Crown Court, he was convicted of three counts of forgery, ordered to pay fines of \$25,000 on each count and pay \$20,000 costs.

Mr Bradley claimed that at UK wholesale prices the pharmacist would have made a \$95,000 profit on the deal.

Mr Ondhia's counsel, Edward Fitzgerald QC, argued: "This is a crime with no victims." French firm Rhône-Poulenc Rorer had at no time sought compensation from Mr Ondhia and, in fact, had written to the Committee pleading for clemency, saying the pharmacist was a "valued customer".

Mr Ondhia was reprimanded by the Committee but will be allowed to continue in practice. Chairman Gary Flather QC told him the Committee was in no doubt that the offences were committed for financial advantage. What had been done was "patently criminal and wrong" but it was six years since the offences were committed.

If the case had come to the Committee earlier, Mr Ondhia would most certainly have been struck off.



## A beginner's guide to locuming issued

A book, 'Locum Pharmacy', has been published by the Pharmaceutical Press for pharmacists intending to work as a locum or to employ locums.

Written by independent pharmaceutical consultant Pamela Mason, the book includes advice about getting started and finding work, as well as what to expect in a community pharmacy. Information on income tax matters and pensions is also covered.

Copies, priced \$9.95 (excluding post and packaging), are available from the Pharmaceutical Press on 01491 824486.

## CV drugs top the list

Drugs acting on the cardiovascular system were prescribed more than any other therapeutic category last year.

The Department of Health's 'Prescription Cost Analysis: England 1997' records that 97 million items were dispensed for these agents, at a net ingredient cost (NIC) of \$826 million. The second most frequently prescribed items were for the central nervous system - 93m at a NIC of \$623m. Infections accounted for 51m items but they cost less, at \$224m, than the \$519m NIC of the 47m items dispensed for diseases of the respiratory system.

The total number of items dispensed in England that year was 500m with a NIC of \$4.4 billion. The prescriptions were issued mainly by GPs, but the analysis includes those written by hospital doctors, dentists and nurses and dispensed in the community. It also includes prescriptions written in Wales, Scotland, N Ireland and the Isle of Man, but dispensed in England. The preparations dispensed are listed alphabetically under British National Formulary classifications.

Copies are available (\$10) from Department of Health, Storage and dispatch, PO Box 410, Wetherby LS23 7LN.

## GPs want to keep prescription charges

Most GPs are against the abolition of prescription charges, according to a survey of over 100, on a doctors' magazine panel.

GPs on the *British Medical Association News Review* panel voted by 86 per cent to 11 per cent against the abolition of script charges in last week's edition.

Several GPs argued charges help patients appreciate the cost of health care and their ideas for making the charge fairer varied.



# Topical Reflections

## Training schedules inspired by OTC

Staff training should be an essential component of any modern, efficient business, but in a small shop like mine the motivation for formal training is difficult to generate. This is probably because I work too closely with my staff, which is excellent for a friendly and enjoyable environment, but difficult to balance with the occasional necessity for firm management.

I am not saying that my girls are difficult, because I could not ask for a more loyal and hard working team, but they do sometimes think they know best! This can be frustrating, but things may now be on the up. Doty has just shown me an article in *Chemist & Druggist's OTC* magazine in which Diane Bailey really puts training into a perspective that she and the other girls can understand and appreciate.

But Diane's genius with Doty was not just to preach the obvious. In her excellent article, she explains how everyday events can be used to develop individual abilities. In this way, learning can become both self-motivating and a continuous, interesting process in which all staff members can participate.

The main benefit is that Doty and the girls are now full of enthusiasm and are planning their training without involving me. But I have also

read the article, and although it may have been written for pharmacy assistants, Diane's advice is just as applicable to pharmacists.

I am too complacent and I often find excuses to put off until tomorrow the training that I should be doing today. I won't tell Doty, but while observing her progress, I am going to plan my own 'All in a day's work' training schedule.

## Small garages lose the battle, will we be next?

Recently, on my way home, I called in, as usual, for petrol at my local garage. Surprise, no garage! Not just closed for a refit, but razed to the ground, another casualty in the war against the packed forecourts of the supermarket petrol station.

If this closure was an isolated case, I would not comment, but I know of at least three others, and this is the industry that has just been cleared by John Bridgeman, Director General of Fair Trading, of accusations of predatory pricing by the Supermarkets and oil companies. In the past ten years, the real price of petrol has fallen by a third, while the profit per litre has changed from an average of £0.15 to £0.10. Perhaps all this is good news for the consumer, but in the same timescale 2,500 small garages have gone to the wall, leaving only 1,000 nationwide.

Small garages are losing their battle against the supermarkets and John

Bridgeman thinks this is good for the consumer. However, for garages, we could soon read pharmacies. The key Lords' amendment to the Competition Bill currently being examined in committee by the House of Commons has been deferred to the end of the committee stage. Strange indeed, but this is a window of opportunity to redouble all our efforts to persuade the majority on that committee of their Lordships' wisdom.

## Delegation doesn't need to be dictated

At first glance, the proposals put out for consultation by the Royal Pharmaceutical Society for formalising the training of dispensing staff are rational because they re-affirm the pharmacist's responsibility of always being physically available to supervise (C&D May23, p4). However, I cannot see how the Society can dictate the way I delegate levels of responsibility to my staff.

I agree that all staff regularly working in the dispensary should be properly trained, and that this training should be formalised, but since I take ultimate legal and professional responsibility, the level of delegation should be at my discretion. By all means, the RPSGB can specify the minimum level of training, but ultimately it is I who must satisfy my professional obligations to both customers and my peers. I would strongly oppose any suggestion that the RPSGB dictates the working practices of my staff and the way I run my business.



# COUNTERpoints

## Solpadeine Max-imises relief

Solpadeine Max is a new maximum strength analgesic specifically aimed at 18-35-year-olds.

codeine 12.8mg, the maximum allowed to be sold over the counter. Each pack of 20 tablets

Solpadeine users, who want fast powerful pain relief with minimum disruption to their lives.

This repositioning is reflected in the bold packaging, which moves away from the red livery of the standard Solpadeine range. Smithkline Beecham will be supporting the launch with a \$1 million advertising campaign breaking in September. PoS, educational leaflets and reader offers will also be included.

**Smithkline Beecham Consumer Healthcare UK. Tel: 0181 560 5151.**



Each Solpadeine Max tablet contains paracetamol 500mg and

retails at \$3.65. The Max variant aims to pull in non-

## Smithkline Beecham discontinues Beecham's laxative

Smithkline Beecham is discontinuing its Beecham's Pills laxative.

However, the company says existing stocks of the product can remain on shelf (subject to expiry dates) until stocks are exhausted.

SB suggests offering Milk of Magnesia as an alternative.

To create a laxative effect, Milk of Magnesia should be taken (in adults) at a dose of two to three tablespoonfuls at bedtime.

Pharmacists who

require additional information can contact the company's territory business managers or the dedicated pharmacy helpline (tel: 0500 888878).

**Smithkline Beecham Consumer Healthcare. Tel: 0181 560 5151.**

## A fresh look for Anadin for maximum visual impact

Whitehall Laboratories will be phasing in a new look for its Anadin analgesic brand from the end of this month.

The contemporary pack design is created to provide maximum visual impact on shelf when the

products are merchandised together as a range.

The packaging is designed to clearly communicate the benefits of each variant to help inform the

consumer and aid selection from the range.

The Anadin Extra lozenge logo has been adopted across all variants to communicate a feeling of speedy action.

The new look complies with the new analgesic pack size legislation.

Retail prices range from \$0.46 for Anadin Paracetamol 4s to \$6.39 for Anadin Extra 96s (P).

The brand will be supported by a new \$700,000 summer advertising campaign in national press and women's magazines.

**Whitehall Laboratories Ltd. Tel: 01628 669011.**



## Cantassium Micro relauches with special promotion to chemists

Larkhall Green Farm is relaunching its Cantassium Micro range of vitamins and minerals.

For the relaunch, there is a special chemist promotion offering a 'purchase six and receive six free' opportunity.

The range now features eye-catching four colour packs which replace the old two-tone look.

New folic acid packaging is designed to have added appeal to mothers-to-be with its rainbow motif and baby blue and lemon yellow colours.

The outer counter display box has been redesigned to hold a range of six Micro folic acid

(400mcg) packs and two each of the Micro multivitamins, Micro vitamin C and Micro garlic.

A counter display unit containing a range of Micro tablets costs \$13.44. Each of the individual 12 Micro units retails at \$3.95.

The range is being supported by a \$250,000 advertising spend in national newspapers and women's interest titles.

**Ceuta Healthcare. Tel: 01202 780 558.**



## Colic helpline has hours extended

Pharmax is extending its Colic Helpline (tel: 0181 994 9874) which is sponsored by Infacol.

Staffed by qualified nurses at the Medical Advisory Service, it operates between the

hours of 5pm and 10pm, Monday to Friday – the times when it may be harder to get hold of a health professional. **Pharmax Ltd. Tel: 01322 550550.**

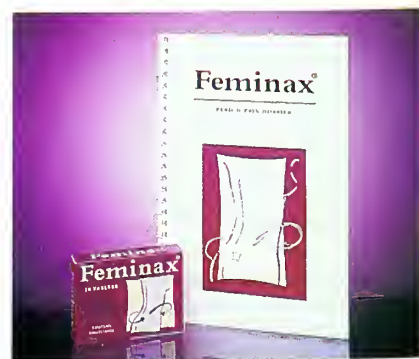
## Period pain pack for professionals

Roche Consumer Health has produced an educational pack on period pain for health care professionals.

The Feminax Period

Pain Dossier comes as an A5 folder and provides a step-by-step guide to the problem and its treatment. Copies are available

from the company representatives or by writing to the Feminax Dossier Offer, PO Box 2557, London W1A 3JS. **Roche Products Ltd. Tel: 01707 366000.**







# Relax!

## DIOCALM'S SUCCESS IS SET TO RUN AND RUN

Last year, Diocalm Ultra was the fastest growing Loperamide brand\*, with sales up an incredible 36%\* - thanks to you and our extensive radio and women's press campaign. This year sales are set to move even faster.

- Hard hitting national radio advertising campaign
- Striking campaign in women's press
- Excellent trade deals and cash profit opportunity

So relax - with your recommendation and our extensive campaign, you're set for another Ultra successful summer.

\*Source: Independent Pharmacy Audit



# Diocalm

## ULTRA

LOPERAMIDE FORMULA

Nothing stops  
diarrhoea faster

### NOTHING STOPS DIARRHOEA FASTER

 Seton  
Healthcare Group plc

Contains Loperamide. Always read the label. Diocalm is a Trade Mark of Seton.

**ALSO AVAILABLE: DIOCALM DUAL ACTION - FOR ADULTS AND CHILDREN FROM 6 YEARS.**

Ultra Essential Product Information. Presentation: Capsules with opaque turquoise caps and opaque white bodies. Each capsule contains Loperamide Hydrochloride EP 2.0mg. Uses: For the symptomatic relief of acute diarrhoea. Dosage and Administration: For oral use. Adults and children aged 12 years and over: Two capsules immediately, followed by one capsule after each further bout of diarrhoea up to a maximum of 8 capsules in any 24 hours. Not to be given to children under 12 years. Elderly: The adult dose may be taken. Contraindications, Warnings etc: Contraindications: Hypersensitivity to the active ingredient. Conditions where inhibition of peristalsis is to be avoided, eg. Constipation, diverticular disease and acute ulcerative colitis. Other Special Warnings and Precautions: The product should be taken with caution in cases of impaired liver function. Do not exceed the stated dose. Keep out of the reach of children. If symptoms persist for more than 24 hours, consult a doctor. As well as taking Diocalm Ultra, it is important to replace body fluids lost during diarrhoea. If symptoms persist, rehydration therapy should be taken. If you are pregnant, consult your doctor before use. Use in Pregnancy and Lactation: The product should only be taken under medical supervision. Caution is advised during lactation. Undesirable effects: Rarely skin rashes including urticaria have been reported. Overdosage: The following effects may be observed in cases of overdosage: constipation, ileus and neurological symptoms. Treatment would be symptomatic. In severe overdose naloxone can be given as an antidote if required. Legal Status: P. Medicinal Product. Pack sizes: Packs of 6 and 12 capsules. Price: RSP 6 capsules: £2.89 12 capsules: £4.85. Product Licence Number: PL11314/0068. Product Licence Holder: Seton Products Ltd, Tubton House, Oldham OL1 3HS, England. Distributor: Seton Healthcare Group plc, Tubton House, Oldham OL1 3HS. Date of Revision: March 1996.



# Nivea Visage fights wrinkles with co-enzyme Q10

Beiersdorf is launching two new anti-ageing skin care products in its Nivea Visage range.

Both products contain a synthetic replica of co-enzyme Q10 – a small

yellow molecule found inside the body's cells which enables food to be converted into energy.

Anti-Wrinkle Q10 Repair Creme (rsp \$7.49, 50ml) is suitable for use under make-up and is formulated to

give visible wrinkle reduction.

Beiersdorf claims that the product visibly reduces the depth of lines and wrinkles by 29 per cent within six weeks and by 43 per cent after ten weeks.

Nivea Visage Anti-Wrinkle Eye Zone Q10 Repair Creme (rsp \$7.49, 15ml) is specially formulated for the delicate skin around the eyes

Ophthalmologically approved, it is suitable for contact lens wearers and is fragrance-free.

Both products offer protection against UV rays with UV protectors and vitamin E.

**Beiersdorf UK Ltd.**  
**Tel: 01908 211444.**



## Can you resist the gentle touch of Palmolive gels?

Colgate-Palmolive is supporting its Palmolive shower gels with a summer advertising campaign.

Designed to reinforce the 'Who can resist the gentle touch of Palmolive?' message, the activity is part of a \$3 million spend behind the range this year.

The campaign will include posters in the London, Anglia and TVS regions. The three gels are highlighted in colour in the sepia tinted advertisements for maximum impact.

The Palmolive Toning and Renewing shower gels feature in one execution and the

Revitalising variant in another.

Advertising is also running in the June to October issues of women's magazines. Sample sachets will be included in the July issue to encourage trial.

**Colgate-Palmolive (UK) Ltd.**  
**Tel: 01483 302222.**

## \$7.5m spend on Foamburst Gel

Cussons is supporting its new Imperial Leather Foamburst Gel with a \$7.5 million advertising campaign.

The creative campaign has been developed to reposition Imperial Leather as a brand which has genuine skin care credentials.

It includes a \$6.5

million TV campaign on all ITV stations, Channel 4, Channel 5, GMTV, cable and satellite.

This is backed with press advertising in women's magazines focusing on the skin care benefits of the new shower gel.

**Cussons (UK) Ltd.**  
**Tel: 0161 491 8000.**

## Nail repair and care from L'Oréal

L'Oréal has launched a new nail care range to replenish, repair and protect the nail against damage.

The L'Oréal Forte range is formulated with Ceramide R, the company's replica of the nail's natural strengthening ceramides.

It comprises four specific nail treatments:

**Strong to strengthen weak nails, Repair to strengthen and nourish weak nails, Shine to give dull nails a healthy natural shine and Smooth 2 in 1 to strengthen nails and give a smooth finish with no streaks.**

The products retail at £5.49 (15ml).

**L'Oréal.**  
**Tel: 0171 937 5454.**

## Polo Sport is in the bag

Prestige & Collections will be launching a Polo Sport gift with purchase promotion on August 29 in selected chemists.

A Polo Sport Kit Bag will be given away with purchases of \$30 or more from any of the Polo Sport fragrance and grooming ranges.

Made in lightweight canvas, the bag features strong handles and an adjustable shoulder strap. Consumers can choose either a white or navy blue bag with bold Polo Sport graphics.

**Prestige & Collections Ltd.**  
**Tel: 0181 979 6699.**

## Almay offers lips UV protection

Revlon has launched an anti-chap lip colour with SPF 25 protection in its Almay range.

Almay Stay Smooth Anti-Chap Lipcolour with SPF 25 provides high level protection against the harmful effects of UV rays.

A cooling anti-chap complex contains dimethicone, menthol

and aloe extract. The formulation also includes vitamins A, C and E derivatives to provide antioxidant protection.

Available in 14 shades, the product retails at \$6.95. It is hypo-allergenic and 100 per cent fragrance free.

**Revlon International Corporation.**  
**Tel: 0171 629 7400.**

## WHY WAIT? Solve your customers' confusion...

SEEN AS  
ON TV

I've never used a home pregnancy test



**SIMPLE** - just hold the absorbent sampler in your urine stream for a few seconds

Maybe I won't be able to understand the result



**CLEAR** - an unmistakable result which is over 99% accurate.

I want to be the first to know - and I want to know now



**WHY WAIT?** - Clearblue provides a fast, accurate result in just ONE MINUTE.



**Britain's No. 1 pregnancy test**



# The new treatment for the terrible twos

## Dehydration and Diarrhoea



New Dioralyte Relief, the first and only rice-based oral rehydration therapy, is now being promoted to GP's and advertised direct to consumers. Clinical evaluation has shown rice ORT to be more effective than traditional glucose-based ORT, in promoting fluid absorption.<sup>1</sup> In addition, recovery time is reduced, as well as the duration of diarrhoea.<sup>2</sup> Which is a relief all round because a prompt recovery puts an early end to everyone's distress. In-store point-of-sale materials are now available on request, to help you make the most of this new sales opportunity. Prescriptions and requests are building – so stock up. There is after all, no real alternative.

# Dioralyte relief

Rice powder, potassium chloride,  
sodium chloride, sodium citrate

## Diarrhoea relief with rapid rehydration

**ABBREVIATED PRESCRIBING INFORMATION** Presentation: Sachet containing active ingredients pre-cooked rice powder 6g, sodium citrate EP 580mg, sodium chloride EP 350mg, potassium chloride EP 300mg as powder for reconstitution with water. **Indications:** Oral correction of fluid and electrolyte loss and treatment of watery diarrhoea of various aetiologies including gastro-enteritis in all age groups from 3 months upwards. Particularly recommended in case of too loose or frequent stools where it enables over loose stools to revert to normal. **Administration and Dosage:** Each sachet should be reconstituted in 200ml fresh drinking water. For infants or where drinking water is not available the water should be freshly boiled and cooled. Adults and children over 1 year - One sachet after each loose motion up to 5 sachets per day for 3-4 days, Infants 3 months to 1 year under medical supervision - 150 to 200 ml/kg/24 hours, half the volume to be given during first 8 hours and other half during next 16 hours. Under 3 months not recommended. **Contra-Indications:** Patients with phenylketonuria, intestinal

obstruction, severe renal and hepatic impairment. **Special Warnings and Precautions:** Do not dissolve in a diluent other than water. If diarrhoea persists unremittingly for longer than 36 hours the patient should be reassessed by the physician. Care in cases of renal and hepatic impairment or where electrolyte balance disturbed. May be used in pregnancy and lactation under medical advice. **Interactions and Undesirable Effects:** None Known. **Basic NHS Price:** 20 sachets £5.63. Retail Selling Price 6 sachets £3.40. **Legal Category P PL 00012/0275. Product Licence Holder and further information** from Rhone Poulenc Rorer, Kings Hill, West Malling, Kent, ME19 4AH. **References:** 1. Pizarro D et al. New Eng J Med 1991; 324:517-521. 2. Wall CR et al. J Gastroenterol and Hepatol 1997; 12:24-28. Date of preparation: March 1998. OTC 20028



**RHÔNE-POULENC RORER**



# Kanjana goes to your head for the summer time



Paul Murray is launching a new summer hair accessories collection in its Head Girl range.

The Kanjana range comprises alicie bands, small and large scrunchies and a head

wrap. The products are all made from terry towelling and come in four colours – aqua, lime, tangerine and lilac.

Retail prices start at £0.79.  
**Paul Murray plc.**  
**Tel: 01703 268444.**

## Colgate offers on oral care lines

Colgate-Palmolive is supporting its Colgate oral care lines during the summer months with a range of wholesaler price

promotions through AAH, Unichem and Enterprise.  
**Colgate-Palmolive (UK) Ltd.**  
**Tel: 01483 302222.**

## ON TV NEXT WEEK

**Bazuka:** GTV, U, STV, A, HTV, M, Sat

**Benadryl Allergy Relief:** All areas

**Canderel:** C, LWT, CAR

**Daktarin:** All areas except GTV, U, STV, CTV, GMTV

**Disprin Extra:** G, Y, A, W, CTV

**Gaviscon Advance:** All areas

**Imodium Plus:** All areas

**Kodak Advantix:** All areas

**Listerine:** GTV, STV, G, A, M, ITV

**Milupa Babyfoods:** C4, Sat

**Pharmaton capsules:** C

**Rhinolast Hayfever:** LWT, C4, GMTV, Sat, C5

**Slim Fast:** All areas

**Wella Experience:** Sat

**Wella Shock Waves:** Sat

**Wilkinson Sword, Protector 3D:** All areas except CTV, W, CAR, GMTV, TSW

A Anglia, B Border, C Central, C4 Channel 4, C5 Channel 5, CAR Carlton, CTV Channel Islands, G Granada, GMTV Breakfast Television, GTV Grampian, HTV Wales & West, LWT London Weekend, M Meridian, Sat Satellite, STV Scotland (central), TSW TV South West, TT Tyne Tees, U Ulster, W Westcountry, Y Yorkshire

## Taking care of female shavers

Wilkinson Sword is launching an after care creme in its Lady Protector shaving range.

Lady Protector After Care Creme is available in two variants – for sensitive and dry skin. The sensitive skin variant is formulated with soothing allantoin. The dry skin variant contains the moisturising agent panthenol.

Packaging is in a 100ml stand-up tube (rsp £2.49) with a flip-top.

Over the next few months, the company will support the launch with promotions including trial size packs and gift sets.

**Wilkinson Sword Ltd.**  
**Tel: 01670 713421.**

## Braun promotion is on the ball

Braun is running a shaver price promotion as the climax to its World cup sponsorship.

The promotion will offer savings of over 25 per cent on four key Braun shaver lines – 5520, 5314, 4504 and 2540.

It is timed to capitalise on World Cup fever and Father's Day sales opportunities. The promotion will be supported by a \$500,000 advertising campaign featuring England's football captain Alan Shearer. The advertising will appear in national newspapers and on key poster sites across the country. Free PoS material includes life size cut-outs of Alan Shearer, and posters.

**Braun (UK) Ltd.**  
**Tel: 01932 785611.**

## Bic Blockbuster bargain

Biro Bic is launching an on-pack consumer promotion on its Bic razors. From June, £1 Blockbuster video vouchers will appear on packs of ten Bic Razors and Bic Sensitive Razors (rsp £1.09). The vouchers can be redeemed at any Blockbuster store in the UK.

**Biro Bic Ltd.**  
**Tel: 0181 965 4060.**

## Nutralia shower kit with softening puff

Laboratoires Garnier has introduced a Softening Shower Kit for its Garnier Nutralia Dermo-Protective Shower Cream. The kit includes a blue softening puff to use in conjunction with the shower cream enriched with either Almond Milk or Palm Milk (rsp £2.99, 250 ml).

**Laboratoires Garnier.**  
**Tel: 0171 937 5454.**

## Customer care

Fuji Photo Film is offering its Fujifilm Image Service members a series of subsidised regional training courses. Running throughout June and October, the courses will focus on training employees in how to handle customers so they become more loyal and profitable.

**Fuji Photo Film (UK) Ltd.**  
**Tel: 0171 586 5900.**

## Fusion ad condemned

Advertisements carried in music magazines for Elida fabergé's Fusion fragrance have been condemned as 'irresponsible' in an article in *The Daily Telegraph*. The adverts show a club DJ offering a drugs wrap containing a Fusion-scented strip with the slogan "The only thing worth sniffing in a club".

**Elida Fabergé.**  
**Tel 0181 481 6000.**

## PRODUCT INFORMATION: NUROFEN

**ADVANCE.** Tablet containing: 342 mg of ibuprofen lysine (equivalent to 200 mg ibuprofen). **Also contains:** Povidone, Microcrystalline Cellulose, Magnesium Stearate, Hydroxypropylmethylcellulose, Hydroxypropyl Cellulose, Titanium Dioxide (E171). **Indication:** For the relief of mild to moderate pain, including headache, rheumatic and muscular pain, backache, neuralgia, migraine, dental pain, dysmenorrhoea, feverishness, symptoms of cold and influenza. **Dosage:** In Adults and Children 12 years of age and older – Initial dose: 2 tablets with water followed by 1 or 2 tablets every 4 hours if necessary. Do not take more than six tablets per day.

**Precautions and Warnings:** History of hypersensitivity to any component of this product or to any non-steroidal anti-inflammatory drug. Cross reactions may occur with this drug class. Active gastrointestinal ulcer. Children under 12 years. **Precautions:** patients will be instructed to consult their doctor if symptoms persist for more than three days. Patients should seek medical advice if pain or fever worsen, or new symptoms occur. Use Nurofen Advance with caution in patients with asthma or a history of asthma. Side effects: the following, although not exhaustive may occur with Nurofen Advance/or ibuprofen. Common (>1%): dizziness, epigastric pain, fatigue, headache, dyspepsia, diarrhoea, nausea, rash. Less common (0.01-1%): allergic reactions (swelling, hives), rhinitis, GI bleeding, peptic ulcer, insomnia, visual disturbances, hearing disturbances. Rare (<0.1%): oedema, leucopenia, thrombocytopenia, aseptic meningitis (usually in patients with autoimmune disease), GI perforations, liver function abnormalities, depression, renal dysfunction. Nurofen Advance like ibuprofen acid may prolong bleeding time by reversible inhibition of platelet aggregation. **Product Licence Number:** PL 13249/0001. **Licence holder:** Johnson & Johnson MSD Consumer Pharmaceuticals HP10 9UF. **Manufactured by:** Merck Manufacturing Division, NE23 9JU. **Legal Category:** P. **Price:** Nurofen Advance 10s £1.65, 20s £2.89, 40s £5.45. **Date:** November 1997. **References.** 1. Nelson SL, Brahim JS, Karn *et al.* Clin Ther 1994;16:458-465. 2. Mehlisch DR, Jasper RD, Brown P *et al.* Clin Ther 1995;17:852-860. 3. Hummel T, Huber H, Kobal G. Pharmacology Communications 1995;5:101-108. 4. Cooper SA, Reynolds DC, Gallegos LT *et al.* Clin Pharmacol and Ther 1994;55:126 and Data on file, Boots Healthcare International. 5. Geisslinger G. *et al.* Drug Invest 1993; 5(4):238-242.



**CROOKES  
HEALTHCARE**

**www.nurofen.com**

**CHEMIST & DRUGGIST 30 MAY 1998**



National consumer press  
campaign April-July.  
Part of heavyweight  
Nurofen Advance  
support.

# Are other analgesics up to speed?

**New Nurofen  
Advance contains  
ibuprofen lysine.  
A number of  
studies have each  
shown that  
ibuprofen lysine  
gets to work  
significantly faster  
than solid dose  
forms of aspirin,<sup>1</sup>  
paracetamol<sup>2</sup> and  
even standard  
ibuprofen.<sup>3,4</sup>**

This makes Nurofen Advance a unique, fast acting analgesic designed specifically for people who specify speed as their priority for analgesic choice. Nurofen Advance delivers Nurofen's trusted pain relief with the additional benefit of lysine to speed up absorption.<sup>5</sup> So when customers need speed of relief to get on with their lives, recommend Nurofen Advance.

**new**

**Faster by Design**



**Ibuprofen lysine**



# MEDICALmatters

## Juvela education

The Juvela Nutrition Centre has introduced a new consumer leaflet on coeliac disease and gluten-free diets entitled 'Want to know more about a gluten-free diet?'. The free leaflet produced for distribution through pharmacy has been approved by the Coeliac Society and the British Dietetic Association and has been awarded the NPA's training seal. The Centre has also organised three regional educational meetings for pharmacists and their coeliac patients. Details can be obtained from the Juvela Nutrition Centre Advice Line at:  
**SHS International Ltd. Tel: 0151 228 1992.**

## Astra discontinuations

As of June 12, Astra Pharmaceuticals will be discontinuing refills of Pulmicort (budesonide) LS 200 dose, Pulmicort 200mcg 200 dose and Bricanyl (terbutaline) 400 dose. All existing stock should be dispensed as no returns for credit can be accepted. Original inhalers of the above will continue to be available.  
**Astra Pharmaceuticals Ltd. Tel: 01923 266191.**

## RNIB workshops

The Royal National Institute for the Blind is organising 11 one day regional seminars, throughout June, for pharmacists and other health care professionals. The seminars entitled 'Don't lose sight of eye health' show how patients at risk of eye disease can be identified and how those with poor eye sight can retain their quality of life. A free 16-page booklet, 'Your words could save their sight', has also been produced. Copies and details of the seminars (£65.00 per delegate) can be obtained by ringing the seminar information line on 0181 879 0073.  
**RNIB. Tel: 0345 666699**

## OTC vs Rx list

The *Drug and Therapeutics Bulletin* has published its latest list of prescribed medicines which are cheaper to buy over the counter. The 'Medicines cheaper over the counter' booklet costs £4.50 and is available from Dept OTC, Consumers' Association, Tel: 01992 822800.

## DoH expert group publishes final report on cot death

Mattresses have been dismissed as a cause of cot death by the final report of an expert group from the Department of Health which was set up to investigate the matter.

The report, which was published last week, dismissed the hypothesis that the fungus *Scopulariopsis brevicaulis* generated the poisonous gases from fire-retarding and plasticising compounds in PVC mattresses.

"Our main conclusion is that there is no evidence to suggest that antimony- or phosphorus-containing compounds used as fire retardants in PVC and other cot mattress materials are a cause of sudden infant death syn-

drome," says Lady Limerick, chairman of the expert group.

The group also found no evidence that infants who had died of SIDS had done so as a result of phosphine, arsine or stibine poisoning. Rates of SIDS have not changed since the introduction or removal of antimony- and phosphorus-containing compounds in mattresses.

The Foundation for the Study on Infant Deaths welcomed the findings. Its secretary general Joyce Epstein said: "The rejection of the toxic gas theory brings to a close a ghastly episode in public health scaremongering prompted by the 'Cook Report' in 1994."

## Switch milks to help infant colic

Parents should treat infant colic by trialling a hypoallergenic formula milk for a week, according to the *British Medical Journal*.

Colic is a common problem in infants but its cause is still unknown. Dutch researchers analysed 27 controlled infant colic trials and compared the effectiveness of diets, drug treatment and behavioural intervention in reducing crying in babies with colic.

Replacing cows' milk with hypoallergenic whey- or casein-formula milk was found to have

some benefit in controlling colic. However, the authors said that soy formula milks are inappropriate substitutes as infants with an allergy to cows' milk are more likely to become allergic to soya.

The incidence of colic in breast-fed infants and formula-fed infants was found to be similar. Breast milk may contain intact cows' milk proteins derived from the mother's diet and it might be beneficial for mothers to replace ordinary milk in their diets with a soy or hypoallergenic alternative.

## Urgent hospitalisation for unstable angina

Patients with unstable angina require urgent hospital admission according to a review of the condition in the *Drug and Therapeutics Bulletin*.

Patients should ideally be admitted to a coronary care unit for bedrest and monitoring with initial treatment consisting of anti-anginal, antiplatelet and anticoagulation therapies.

First-line anti-anginal therapy should be with nitrates and beta-blockers, with the first dose administered intravenously. First-line treatment aims to relieve pain; and reduce platelet activity, thrombus formation and coronary artery spasm to prevent the condition developing into myocardial infarction.

Haemostasis and coronary

plaque instability may continue for many weeks after the initial episode and it is essential that unstable angina patients are followed up within six weeks of discharge.

Where beta-blockade is contraindicated, a non-dihydropyridine such as diltiazem or verapamil can be used. Further symptom relief, if needed, can be obtained with calcium-channel blockers.

Aspirin should be given to all patients as soon as possible following the onset of symptoms and be continued indefinitely. The brief intravenous use of abciximab, an antiplatelet drug, reduces the incidence of ischaemic events in patients undergoing emergency angioplasty.

## Neoral 10mg

Neoral (cyclosporin) is now available as 10mg soft gelatin capsules (30, basic NHS price £8.22) in addition to the 100mg, 50mg and 25mg strength capsules. Novartis is also introducing a 1ml paediatric syringe for the Neoral oral solution, available either from the representatives or direct from Novartis' medical information department. The company has made changes to the SPC drug interaction section of Neoral which now includes danazol and clarythromycin as agents which may increase plasma or whole blood concentrations of cyclosporin.

**Novartis Pharmaceuticals UK Ltd. Tel: 01276 692255.**

## Servier takes up Nitromin

Servier Laboratories has taken over Nitromin Spray (glyceryl trinitrate 400mcg) from Dominion Pharma and will now be responsible for its production and distribution. As well as new Servier packaging, the company is also supporting the launch with patient diary cards and patient information leaflets.  
**Servier Laboratories Ltd. Tel: 01753 662744.**

## Small pack Caprin 300mg

Caprin 300mg enteric coated aspirin tablets are now available in securitainers of 30 tablets (basic NHS price £1.66).  
**Sinclair Pharmaceuticals Ltd. Tel: 01483 426644.**

## Norton co-danthrusate

Norton Healthcare has introduced generic Co-danthrusate Capsules (danthron 50mg, docusate sodium 60mg) in packs of 63 capsules (basic NHS price £13.46).  
**Norton Healthcare. Tel: 01279 426666.**

## Psoriasis on the net

The Psoriatic Arthropathy Alliance has launched a new website ([www.paalliance.org](http://www.paalliance.org)) thanks to a donation from Leo Pharmaceuticals. The site aims to raise awareness of the skin disease and provide support and advice to sufferers and health care professionals.  
**Psoriatic Arthropathy Alliance. Tel: 01923 672837.**



# Who can make their pessary work 50 times harder and retain natural pH balance?



## Only Canesten can.

### A unique lactic acid formulation

It's the lactic acid that makes the Canesten 500mg pessary unique. Not only does the pessary improve the local bioavailability of clotrimazole by 50 times more than

other pessaries, it also helps to control microbial growth, by retaining the vagina's naturally acidic pH.<sup>1</sup> So if it doesn't say Canesten it doesn't work like Canesten can.

**Canesten® Combi**

Clotrimazole 1%

**Abridged product information for Canesten Combi. Presentation:** A single Canesten 1 pessary (containing 500mg Clotrimazole BP), plus a 20g tube of Canesten cream (containing 1% Clotrimazole BP). **Indication and Dosage:** Pessary for candidal vaginitis; cream for associated vulvitis and treatment of sexual partner to prevent re-infection. **Adults (16-60):** The pessary should be inserted into the vagina using the applicator. The cream should be applied night and morning to the vulva and surrounding area and/or to the partner's penis to prevent re-infection. **Contra-indications:** Hypersensitivity to clotrimazole. **Warnings:** Pregnancy: Only under supervision of a doctor. **Side-effects:** Rarely local mild burning or irritation immediately after use. Hypersensitivity may occur. **Legal category:** P. **Package quantity and cost price:** 1 x 500mg pessary packed in foil, plus a 20g tube of Canesten Cream. An applicator for the pessary is included, £4.50 (PL 0010/0016R (cream) (PL 0010/0083 (pessary))). **Product Licence holder:** Bayer plc, Consumer Care Division, Bayer House, Strawberry Hill, Newbury, Berkshire, RG14 4JA. **Date of preparation:** March 1998.

REFERENCES: 1. Ritter W. Pharmacokinetic fundamentals of vaginal treatment with clotrimazole. Am J Obstet Gynecol 1985; 152: 945-947. 2. Pharmaceutical Codex Twelfth Edition, p175



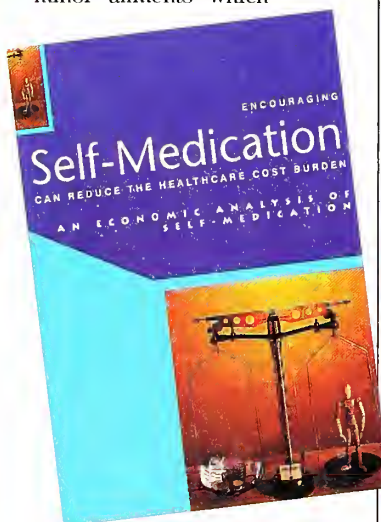
# Managing the art of health care

The 34th annual meeting of the European Medicines Manufacturers' Association in Athens attracted over 500 delegates from all corners of the globe. Speakers from the pharmaceutical industry, health insurance, government bodies and patients' groups addressed the conference on aspects of this year's central theme, 'Health Management – Self-Medication Delivering Value for Money'

## Self-medication could save 13 bn ECU

An economic analysis, carried out by the AESGP, suggests that treating minor ailments by self-medication could release valuable health care resources, which could then be used more effectively.

Each year millions of visits are made to GPs by patients with minor ailments which



could be effectively treated with OTC medication. The new study, entitled 'Encouraging self-medication can reduce the health care cost burden – an economic analysis', calculates the costs of these visits and related costs such as loss of earnings, at 25 billion ECU annually, and it estimates that this could be reduced by 13 billion ECU or more.

All European countries are facing increased pressure on their health care budgets. An ageing population and advances in medical science are contributing to growing demand and increased costs. Therefore it's important for all available health care funds to be used as effectively as possible to gain maximum benefit.

The authors acknowledge that education of consumers, health professionals and government bodies is needed to ensure self-medication is used appropriately and effectively.

Copies of the documents are available free of charge from AESGP offices.

## Future plans for the AESGP

The AESGP agrees with the European Commission that free pricing should apply to non-reimbursed OTC products and it anticipates a communal Euro-



## AESGP

Gerhard Stummerer

pean situation in OTC pricing.

Addressing the conference president elect of the AESGP, Dr Gerhard Stummerer, said: "If we wish to profit from self-medication in health economics, enterprises must have the freedom to talk to the patient and to set

prices related to the market place. Where the consumer can decide freely on the quality and price, the price should be determined by the market."

Visibility of self-medication products is another area the AESGP will be focusing on. Following talks with the PGEU, the European Pharmacists' Organisation the PGEU intends to discuss this issue further before agreeing on a joint plan of action.

On the subject of marketing authorisations, Dr Stummerer admitted that although, overall, the number of OTC companies which use the new mutual recognition system is still low, it has been increasing and an AESGP survey has found a high number of companies intending to use the system in the future.

The switching of products varies considerably across the member states and the AESGP has been addressing this problem through discussions with authorities on a national and European level. A European guideline for the change of classification status should be finalised in September and will provide clarification on this subject.

● Responding to a question from the floor on the subject of



Patrick Deboyser

switching, Patrick Deboyser, head of Unit Pharmaceuticals and Cosmetics at the European Commission, stated that if a company wants to switch a product and the national government refuses, then it is a breach of the Treaty of Rome.

Pharmaceutical companies are understandably reluctant to challenge government regulators but Mr Deboyser said a test case is needed from companies to establish this right.

## Competition, conflict and a single market

Internal conflict and competition were highlighted by European commissioner Dr Martin Bangemann in his address on organising and financing European health care beyond the year 2000.

On the subject of pricing of OTC products, Mr Bangemann believes that freeing prices is the best solution to maintaining competition, allowing greater room for innovation which ultimately leads to price convergence. "Competition is usually easier than people think, and leads to a price at which markets function," he told delegates.

He referred to the ongoing problems within the internal

market which have resulted in the EC now being in direct conflict with member states. He warned: "If we really want an internal market, this can only be created at a central level. Decisions about classification cannot be taken at local levels."

He spoke in favour of electronic business, saying that we need to look at what is going to happen and come to terms with it. "In free countries, working in a free market, we cannot negate consumers' right to use any market through the Internet."

On a less positive note relating to electronic business, Mr Bangemann said pharmacists were

"deluding themselves – living in a world 250 years ago, unaware of the effects electronic developments will have on their pharmacy".

This autumn, the Commission will present a communication on the operation of the single market in pharmaceuticals. It will focus on the best way to complete the single market in pharmaceuticals, while ensuring that the current tensions resulting from differing national policies do not create a situation where either patients do not have access to the pharmaceuticals they need or the industry does not have incentives for R&D.



# Can you treat thrush even when she's sneezing?



## Canesten can.

Drug interactions are always a concern, for example, with certain products prescribed for hayfever. Fortunately Canesten Combi, unlike some

**Canesten®** *Combi*

Clotrimazole 1%

other thrush treatments, has no known drug interactions, so it can relieve the itch immediately and clear the infection fast - whatever else she is taking.

**Abridged product information for Canesten Combi. Presentation:** A single Canesten 1 pessary (containing 500mg Clotrimazole BP), plus a 20g tube of Canesten Cream (containing 1% Clotrimazole BP). **Indication and Dosage:** Pessary for candidal vaginitis; cream for associated vulvitis and treatment of sexual partner to prevent re-infection. **Adults (16-60):** The pessary should be inserted into the vagina using the applicator. The cream should be applied night and morning to the vulva and surrounding area and/or to the partner's penis to prevent re-infection. **Contra-indications:** Hypersensitivity to clotrimazole. **Warnings:** Pregnancy: Only under supervision of a doctor. **Side-effects:** Rarely local mild burning or irritation immediately after use. Hypersensitivity may occur. **Legal category:** P. **Package quantity and cost price:** 1 x 500mg pessary packed in foil, plus a 20g tube of Canesten Cream. An applicator for the pessary is included, £4.50 (PL 0010/0016R (cream) (PL 0010/0083 (pessary))). **Product Licence holder:** Bayer plc, Consumer Care Division, Bayer House, Strawberry Hill, Newbury, Berkshire, RG14 4JA. **Date of preparation:** March 1998



# Welcome to patient power

Patient empowerment is here to stay and this was reflected in many of the speeches from both industry and patient groups. However, as delegates learned, there is still a considerable way to go.

David Dickinson, head of Consumption – a consultancy which brings industry and consumers together – described relationships between consumers and medicines as being on the brink of a divorce. Changes in policy have led to more patients managing their medicines, but little has been done to improve people's ability to cope.

Using graphic examples of



## AESGP

David Dickinson of Consumption

### AESGP gets interactive

A unique feature of this year's meeting was an interactive session which allowed delegates to vote, via electronic keypads, on motions debated by a panel of speakers.

● 'In 2010 will there be a counter for pharmacists to be behind?' A firm belief in the power of the Internet, mail order, growing patient empowerment and alternative sources of health information, encouraged 32 per cent of delegates to vote against this motion.

However, 68 per cent of delegates agreed with Patrick Deboysier, head of Unit Pharmaceuticals and Cosmetics at the European Commission, that community pharmacies will still be the main place for delivering drugs as we move into the next century.

● 'Effective consumer communication depends as much upon presentation as content'

elderly patients talking about their medication, he highlighted the enormous gaps in information and the lack of confidence many patients have in their doctors and their medicines.

The 'hunger for health information' was referred to by Dr Hans Rupanner from Switzerland, who has produced a consumer guide to health and medicines, which has sold over 100,000 copies in Switzerland. This hunger is also being fed by the media, with specialist health magazines, articles in newspapers, TV programmes and advertisements.

But as chairperson Terry Prone, managing director of Carr Communications in Ireland pointed out, we can't absorb all the information we receive in today's world. We filter it so that only essential information will cross the barrier. Patients want information, but it must be presented in such a way that it is understandable and interesting, and the end result will be a change in attitude or behaviour. This is the challenge facing the pharmaceutical industry.

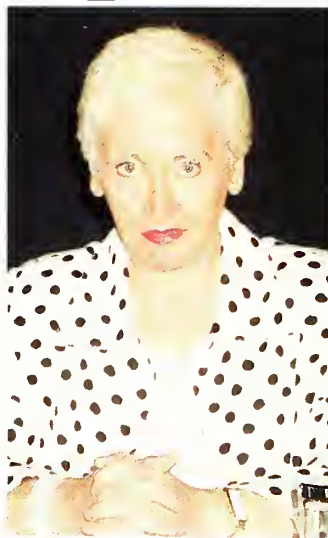
An informed patient is less likely to fall into the traditional passive patient role. Andrew Hayes, president of the European Public Health Alliance, believes that we are moving towards a situation where patients are becoming partners with health professionals, who respect patients as individuals

Not surprisingly, six in ten delegates 'strongly agreed' with the motion, three in every ten agreed 'somewhat', and only one in ten disagreed 'somewhat' or 'strongly'.

● 'Who needs to change most to build consumer confidence in self-medication?'

It had already been established that self-medication has the dual advantages of increasing patient empowerment and conserving limited health care resources. However, the key to success is making consumers believe that self-medication is in their interest. The view of delegates was that all members of the team need to change to build consumer confidence with government bodies receiving the most votes (30 per cent), followed by doctors (29 per cent), pharmacists, and industry (19 per cent).

● 'Do you believe that efforts to reconcile medicines and patients will undermine the status of health care professionals?' Geert Jan Hamilton, president of



Chairperson Terry Prone

and involve them in part of the decision making.

To try and establish a win/win situation, he advised industry and policy makers to be more honest about regulatory procedures and clinical trials. To complement this, the public and policy makers need to be educated about the role as responsible consumers, not expecting instant gratification or antibiotics on demand.

He reminded the conference of the importance of interpersonal skills and communication when dealing with patients, adding that "health care is not just a science, it's also an art".

the Association Internationale de la Mutualité, pointed out that in the past health care systems have been very protective and are now much more focused on what people can do for themselves, but this doesn't make the doctor redundant.

Almost three quarters of delegates (73 per cent) were confident that pharmacists and GPs would be able to cope with more informed patients without fear of losing their status.

● 'Where is the best place to start to unlock the economic value of self-medication?' The majority of delegates (58 per cent) placed the responsibility firmly on the shoulders of the public payer (government or statutory sick funds). Consumers were the next most popular starting point with 15 per cent of delegates favouring this option, followed by doctors (10 per cent), private health care funds (8 per cent), and patients' associations (4 per cent) with one in 20 delegates identifying none of

### Prescriber of first resort

Along with cost savings and patient empowerment, a benefit of self-medication highlighted by Ian Senior from the National Economic research Associates, was that the pharmacist becomes the prescriber of first resort.

Mr Senior said pharmacists' training and wealth of experience should give them a more productive and responsible role than that of shopkeeper. Enhancing their role would take pressure off GPs who deal with many consultations for common ailments that can be treated with OTCs.

Dr Albert Esteve, president of the Asociación Nacional de Especialidades Farmacéuticas Publicitarias predicts that pharmacy's traditional income source (public money) will decrease and pharmacists will have to respond to this.

### 35th annual meeting in Berlin

Berlin is the venue for the 35th annual meeting of the AESGP which will run from June 9-12, 1999.

The AESGP meeting will be a joint collaboration with its global equivalent, Self-Medication Worldwide, who will be holding its 13th general assembly at the same time. The last joint conference was held in Rome ten years ago and attracted almost 800 delegates.

The programme will be looking at perspectives for the new Millennium and will include the launch of a new document with the working title 'Guiding principles in self-medication'.

these groups as the starting points.

Dr Anders Milton, chairman of the Council of the World Medical Association caused a stir by asking whether self-medication has value in itself. Even if it can produce some savings, he said, to get these out of the system would be 'impossible'.

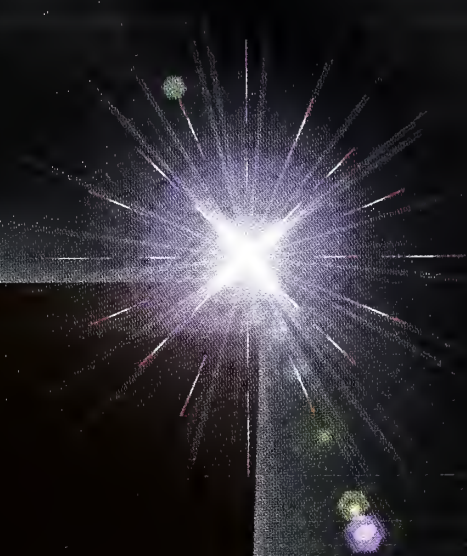
● 'In the context of consumers increasingly managing their health, doctors should take on a much greater advisory role in self-medication.'

Speaking on behalf on doctors, Dr Anders Milton of the World Medical Association, agreed that "the role of the doctor is changing and the relationship with patients is changing", but he added doctors would rather work with patients who have greater knowledge.

Jean-Francois Benard, president Comité Economique du Médicament, told delegates that if doctors do not support self-medication, patients will have doubts about its value.



**M**ORE POWER  
TO HIT PAIN...







## SEE CAMBRIDGE COUNTERPAIN EDUCATION MODULES

### WHAT DO THE NEW ANALGESIC REGULATIONS MEAN TO ME?

The Government acknowledges that the analgesics paracetamol and aspirin are safe and effective when used at the recommended dose. The widespread use and ready availability of analgesics makes them a frequent source of accidental poisoning. The new restrictions are thus part of a drive to further improve customer safety when using these medicines.

From September 16th 1998, the largest P pack size of analgesics available by law will be 32 tablets or capsules. Pharmacies will be able to supply up to 100 tablets/capsules in 'justifiable' circumstances – this has yet to be outlined but is likely to be at the professional discretion of the pharmacist. Quantities of more than 100 tablets/capsules sold at any one time, regardless of pack size, will become a POM, as will pack sizes greater than 32. The new pack limits apply to tablets and capsules, including soluble/dispersible forms.

Preparations unaffected include effervescent, suppositories, powder and granule preparations of paracetamol and aspirin. All preparations of ibuprofen remain unaffected.

Pharmacies are advised to check levels of existing stocks, and monitor the rate of sales to ensure that all restricted products are cleared before September 16th. If you are unsure whether a given product will be restricted, please call the Anadin Helpline (0800 269 034) or contact the manufacturer directly.



From



Whitehall Laboratories  
Makers of  
ANADIN\* & ADVIL\*

\*Trade Mark

# Unichem plans new concept shop for Chemex '98



Two of the visitors to Chemex '97 were so impressed by the layout of the Model Shop last year that they subsequently asked Crescent – retail designers and shopfitters – to fit out their pharmacies in exactly the same way. Many more visitors took their cameras along to Olympia and took snaps of the Model Shop as a reminder of its layout and merchandising ideas

A major attraction for visitors to Chemex '98 will be the concept shop – a new idea that has come from Unichem.

Following on from the success of the company's popular model shop at Chemex '97, the concept shop is set to make an even greater impact on a wider cross section of pharmacists at this year's show.

While last year's shop focused on merchandising, this year's idea promises to be far more conceptual, involving a close relationship between Unichem

and Crescent retail design and shopfitting specialists who will be designing the shop.

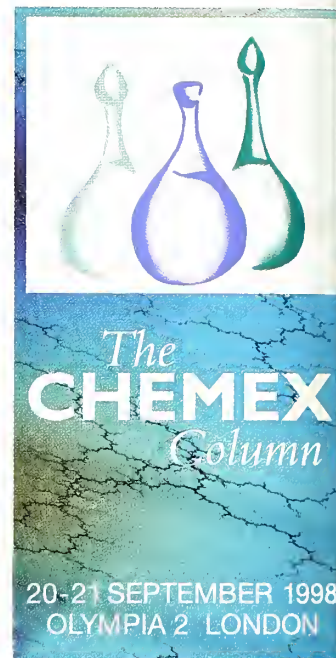
### Different needs

Peter Skinner, marketing controller at Unichem, explains: "It's important for us to show that we recognise the greatly differing needs of pharmacies depending on their location and business profile. There is a huge difference in requirements between one pharmacy in a health centre and another in a busy high street.

"Our aim is to appeal to all pharmacists with the concept shop, making it even more thought provoking and challenging than last year's model shop. It will feature two merchandising and layout concepts for pharmacies at different ends of the spectrum.

"One will be suitable for a health centre type of location with a very high prescription throughput, and less in the way of toiletry sales, and the other will be appropriate for a pharmacy in a busy high street trading location where there is a strong need for a good range of OTC products."

He continues: "We will show the two types of pharmacy side by side, but there will be quite a remarkable contrast between the two. The common link between the areas will be the dispensary area which will be the crossing



point between the different layouts."

Peter Faux, managing director of Crescent, points out: "The idea is to create the opportunity for pharmacists to stand in the dispensary area. They will be able to look out from the dispensary and see one shop format and then turn 90 degrees and look out the other way to see a contrasting type of environment.

"Instead of trying to force an individual type of shop onto the independent pharmacist, we want to show them that there is a huge amount of choice in shop design."

The concept shop will also explore ways to encourage pharmacist interaction with customers such as consultation areas within the health centre pharmacy layout.

Peter Skinner says: "It's important for the pharmacist to build up a personal rapport with customers so the consumer and the pharmacist need to be provided with easy access to each other. Gone are the days when just a hand pops out from behind a hatch!"

For more information about stand availability at Chemex '98 contact Ian Gerrard, sales director, on 01732 377633 or Simon Page, sales executive, on 01732 377256.



**NEW**

**MAX**

**STRENGTH**

**PAIN RELIEF**

**FROM THE**

**PHARMACY No 1**



Contains maximum levels of paracetamol and codeine

**Solpadeine Max Product Information.** Presentation: Red film coated capsule shaped tablets embossed 'MAX' on one side, containing Paracetamol Ph Eur 500mg and Codeine Phosphate Hemihydrate Ph Eur 12.8mg.

**Uses:** headache, migraine, sinusitis, dental pain, non-serious arthritic and rheumatic pain, sciatica, lumbago, strains, sprains, dysmenorrhoea, sore throat and feverishness, symptoms of colds and influenza; especially suitable for pain which requires stronger analgesia than paracetamol or aspirin alone. **Dosage and administration:** Adults: Two tablets up to four times a day. Do not repeat at intervals of less than four hours. Do not take more than 4 doses in any 24 hours. Do not exceed the stated dose. Do not continue dosage for more than 10 days without consulting a doctor. **Children (under 12 years):** Not recommended. **Contraindications:** Known allergy to ingredients. **Precautions:** Use with caution in patients with severe renal or severe hepatic impairment, non-cirrhotic alcoholic liver disease. Not to be taken concurrently with other paracetamol-containing products. Caution required in patients taking MAOIs, metoclopramide, domperidone, cholestyramine, anticoagulants. Effect of CNS depressants (including alcohol) may be potentiated. Patients should be advised not to drive or operate machinery if affected by dizziness or sedation. Avoid in pregnancy and lactation unless advised by a doctor. **Side effects:** Hypersensitivity including skin rash; rare reports of blood dyscrasias (not necessarily causally related); constipation, nausea, dizziness and drowsiness. **Overdosage:** Immediate medical advice should be sought in the event of an overdose, even if the patient feels well, because of the risk of delayed, serious liver damage.

**Legal Category:** P. **Product licence number:** 00071/0233. **Product licence holder:** SmithKline Beecham Consumer Healthcare, Basingstoke, Hants, GU24 0NY, U.K. **Presentation and RSP:** 20 tablets £3.65. **Date of preparation:** February 1998. Solpadeine is a trademark.



Temporary sleep disturbance is a common problem which the pharmacist is well placed to handle. How can pharmacists save customers from counting flocks the size of New Zealand?

# The long road from A to Zzz

**M**ost people will have trouble sleeping at some point in their lives. Half the one in three people in the UK currently suffering from temporary sleep disturbance are taking 'treatments' which range from seeing their GP to alcohol.

Factors such as stress, noise, financial problems, bereavement and late-night alcohol or caffeine can all disturb sleep and undermine the brain's ability to operate the following day. Over half those suffering temporary sleeplessness (57 per cent) report feeling irritable as a result.

Job interviews (48 per cent), money worries (40 per cent) and sleeping away from home (40 per cent) are the main causes, according to a Gallup sleep survey commissioned by Stafford-Miller.

Jane Silk, the marketing manager of Lanes, which markets Kalms, says: "Sleeplessness is often a symptom of another



Stafford-Miller is spending £3.5 million on advertising Nytol on television and in the women's press this year



Slumber tablets from Seven Seas contain a variety of herbs renowned for their relaxing and sleep-inducing qualities



Panadol Night 20s has the highest cash rate of sale within the Panadol range in pharmacies

problem. Sometimes there is an obvious cause, such as noisy neighbours, or there could be a more complex reason such as pressure at work causing the sufferer to feel stressed which, in turn, leads to sleeplessness."

The temporary sleep disturbance (TSD) market in the UK is worth about \$12 million, of which the pharmacy share, excluding Boots, is just under \$9m.

In pharmacy, 60 per cent of the products sold are P medicines, while 40 per cent are herbal remedies. The market is growing

at a rate of 15 per cent overall, according to Fiona Jefferson, a senior product manager for Nytol at Stafford-Miller.

She believes there is great potential for pharmacy in the TSD market with the increasing amount of stress in people's everyday lives in the 1990s.

"The importance of the whole market is shown by the fact that Nytol's 25mg tablet is the leading P category tablet. Customers want and need advice so pharmacists have an important role," she comments.

She attributes Nytol's position as market leader to constant innovation. Nytol was introduced in 1993 and Stafford-Miller has brought out a one-a-night tablet and a herbal formulation since the original launch.

The company launched an easy-to-swallow caplet 50mg Nytol formulation in February and is switching 25mg tablets to caplet formulation this month.

The question of antihistamine safety has been considered carefully by Stafford-Miller in the light of the withdrawal of Sleepia by Pfizer in October last year: "Nytol, like Sleepia, contains diphenhydramine. The problem wasn't the active ingredient – it was the formulation," says Mr Jefferson.

"Diphenhydramine has an excellent safety profile and has been used therapeutically for over 30 years and Nytol has been sold OTC in the US and Canada for over ten years."

The number two brand in the market with sales worth \$740,000 is Sominex, which was bought by Seton Healthcare from Smithkline Beecham in January 1997.

Seton acquired Sominex to complement its existing portfolio of OTC products, according to Nick Duffy, senior product manager for Sominex at Seton.

In the short term, the company plans to concentrate on promoting Sominex to the trade rather than to consumers. Mr Duffy explains: "In the light of the withdrawal of Sleepia by Pfizer in January and the results of last year's Royal Pharmaceutical Society sleep aid audit, we feel it right to concentrate our efforts at trade level."

Ms Silk and Mrs Jefferson agree that prospects for the market look good. Ms Silk comments: "Although the market has seen growth for the past three to five years, growth looks set to continue."

"However, many consumers are still not aware that sleep products are available OTC."

They must be made aware of the availability and safety of these treatments and this is something which companies like Lanes and Stafford-Miller have been doing."

With respect to the sale of herbal sleep remedies, pharmacies are performing in line with other outlets in spite of the competition these face from P line medicines.

Ms Silk believes the dynamics of the market have changed in favour of herbal products because these are now perceived as 'more natural and less aggressive' by consumers. She points out that Stafford-Miller would not have launched a herbal Nytol

Continued on P24 ►



# PUTTING THE **MAX** INTO PHARMACY

## **MAX** STRENGTH PAIN RELIEF

- Maximum levels of paracetamol and codeine allowable OTC - no other painkiller is stronger without a prescription.

## **MAX** IMISING PHARMACY BUSINESS

- Stimulating growth of the largest and fastest growing OTC category\*
- Bringing in new customers from GSL and prompting "trading up"

## **MAX** SALES

- £6 million spend to support Solpadeine, £1 million specifically on Max
- Massive advertising campaign using National TV, Posters and Style magazines.

## **MAX** STANDOUT

- Merchandise Max between Solpadeine Soluble and Solpadeine Tablets for maximum impact
- Whole Solpadeine range benefits - highlights tablets and capsules



## DRIVING GROWTH OF THE PHARMACY No 1 ANALGESIC

**Solpadeine Max Product Information.** Presentation: Red film coated capsule shaped tablets embossed 'MAX' on one side, containing Paracetamol Ph Eur 500mg and Codeine Phosphate Hemihydrate Ph Eur 12.8mg. Uses: headache, migraine, sinusitis, dental pain, non-serious arthritic and rheumatic pain, sciatica, lumbago, strains, sprains, dysmenorrhoea, sore throat and feverishness, symptoms of colds and influenza; especially suitable for pain which requires stronger analgesia than paracetamol or aspirin alone. Dosage and administration: Adults: Two tablets up to four times a day. Do not repeat at intervals of less than four hours. Do not take more than 4 doses in any 24 hours. Do not exceed the stated dose. Do not continue dosage for more than 10 days without consulting a doctor. Children (under 12 years): Not recommended. Contraindications: Known allergy to ingredients. Precautions: Use with caution in patients with severe renal or severe hepatic impairment, non-cirrhotic alcoholic liver disease. Not to be taken concurrently with other paracetamol-containing products. Caution required in patients taking MAOIs, metoclopramide, domperidone, cholestyramine, anticoagulants. Effect of CNS depressants (including alcohol) may be potentiated. Patients should be advised not to drive or operate machinery if affected by dizziness or sedation. Avoid in pregnancy and lactation unless advised by a doctor. Side effects: Hypersensitivity including skin rash; rare reports of blood dyscrasias (not necessarily causally related); constipation, nausea, dizziness and drowsiness. Overdosage: Immediate medical advice should be sought in the event of an overdose, even if the patient feels well, because of the risk of delayed, serious liver damage. Legal Category: P. Product licence number: ODD71/D233. Product licence holder: SmithKline Beecham Consumer Healthcare, Brentford, TW8 9BD, U.K. Presentation and RSP: 20 tablets £3.65. Date of preparation: February 1998. Solpadeine is a trademark.

For further information please call the SmithKline Beecham Pharmacy Helpline on 0500 888 878

\*Source: IMS Feb 1998



◀ Continued from P22

product if it had not seen the potential for it.

All believe the Royal Pharmaceutical Society's national confidential audit on OTC antihistamine sleeping aids last May (C&D May 3, 1997, p4) justified TSD manufacturers' faith in pharmacy as an outlet for their products.

After analysing over 18,900 requests in 2,500 pharmacies, the RPSGB found professional standards for dealing with requests for named medicines were being met in three quarters of cases. In some instances (7 per cent), pharmacy staff refused sales and referred patients to GPs or offered lifestyle advice.

"The initial result of the audit shows pharmacists are behaving responsibly. The results were in line with what we expected," says Mrs Jefferson. Mr Duffy commended pharmacists' professionalism in dealing with OTC dangers.

Ms Silk agrees: "The results show pharmacists are capable of giving responsible advice, especially with their refusal to sell on occasion. As long as this responsible attitude continues, the market will continue to grow."

While she is happy with the audit's results, she detects a reluctance on the part of many pharmacists to recommend herbal products.

"There are those who aren't comfortable recommending a herbal sleeping product and I see

it as the job of manufacturers to make pharmacists feel comfortable and knowledgeable about our products," she suggests.

Despite this, Kalms is the number one herbal remedy for temporary sleep disturbance with a 36 per cent share of sales by volume and sales growth of 20 per cent. Ms Silk attributes this success to "high level support throughout the distribution chain for many years".

● Stafford-Miller is spending \$3.5m on promoting the Nytol range and its redesign on TV and in the women's press in titles such as *You, Woman's Own, Marie Claire* and *Elle* this year. "We are relaunching the Nytol range to keep ahead of recent competitive products and drive category growth with new advertising," says Stafford-Miller's director of health care marketing Mark Varian.

● GR Lane Health Products is spending \$900,000 on advertising support for Kalms in weekly and monthly women's press titles in 1998. The company has produced a customer guide, advising on ways to cope with stress, which is available on request.

● Seven Seas is promoting its Slumber Cup herbal elixir and Slumber tablets this month with a series of three roadshows in Bristol, Leeds and Newcastle.

● In March, Nelsons spent \$100,000 on the repackaging of its range of formulated remedies, which includes Noctura. Noctura is a product for treating insomnia which contains coffea, passiflora, kali brom, avena sativa, alfalfa and valeriana. The formulated remedies range is aimed at first time users of homoeopathy.

● Goodnight has made Ceuta the distributor of its product Stop Snoring gargle. The essential oil product is said to work by toning the soft palate and unblocking nasal passages.

## Sleepia withdrawal

Pfizer Consumer Healthcare first withdrew supplies of its sleep aid product, Sleepia, in Glasgow last October, following concern about its abuse potential.

The problem was brought to the attention of Glasgow Health Board by pharmacists dealing with patients on methadone programmes. The product, a gel-filled capsule containing the antihistamine diphenhydramine, was being used by injecting addicts in combination with heroin and methadone.

Three months later, Pfizer decided to discontinue the line throughout the UK. C&D's X-rayser commended the company on "both its speed of withdrawal and immediate offer of credit on all outstanding stock".



Kalms is the leading brand in the herbal sedatives market with a 36 per cent share of sales by volume

Top sleeping aids (inc Boots, 52 weeks ending March 22, 1998) (IRI)

product	sales (£ millions)	% change since 1997
Nytol	4.73	-6.4
Nytol One-A-Night	2.80	27.8
Own label	1.09	21.3
Sominex	0.74	-16.2
Sleepia	0.58	NA
Medinex	0.16	-65.0
Phenergan Nighttime	0.06	-21.5
Ziz	0.01	131.2
TOTAL	10.16	100.0

Top sleeping aid companies/ value share (%) (IRI)

1 Stafford-Miller	74.2
2 Own label	10.7
3 Smithkline Beecham	7.3
4 Pfizer Consumer Healthcare	5.7
5 Whitehall Laboratories	1.5



Quiet Night is part of Ferrosan Healthcare's Heath & Heather herbal remedies range

## Useful telephone numbers

- The British Snoring and Sleep Apnoea Association. Tel: 01737 557997.
- Cry-sis. Support for families suffering from children's excessive crying and sleeplessness. Tel: 0171 404 5011.
- The British Association for Counselling. Tel: 01778 578328.
- Narcolepsy Association UK. Tel: 01782 416417.

## Noisy nights

Snoring affects 7 million people in the UK and is usually caused by the vibration of soft tissue in the throat when people breathe through their mouths.

Occasionally, it occurs when the muscles of the throat become floppy at night causing airways to narrow and vibrate. Those prone to the condition include smokers, drinkers and cold/flu fever sufferers.

Snoring becomes progressively worse in men over 20 and in women over 40.



The British Snoring and Sleep Apnoea Association organised National Stop Snoring Week last month to highlight the serious effects snoring can have on snorers and their partners. Patients' Association chairman Claire Rayner is pictured demonstrating 3M's Breathe Right nasal strips on her husband, Des



Stop Snoring, which is marketed by Goodnight Products in the UK, contains a range of essential oils which tone the soft palate and help unblock nasal passages



# Wake up to Nytol.

## Bright and refreshed.



- Z** The new re-launched Nytol is the brightest star in the OTC sleep aid market.
- Z** A market which Nytol still utterly dominates from the No 1 position, despite fierce competition.
- Z** But the first thing that should catch your eye is the new packaging. Look closer and you will see that Nytol Original and Nytol One-A-Night are

now both in easy to swallow caplets, in modern convenient blister packs.

- Z** The whole Nytol range continues to hold the eye of the consumer through extensive TV advertising, PR and advertorials in women's press.
- Z** You'd better stock and display Nytol right now, or the demand might just give you a rude awakening.

### The dream product's just got better.

**Product information: Presentation:** Nytol: White uncoated oblong caplets imprinted with an 'N'; each containing 25mg of Diphenhydramine Hydrochloride BP. Nytol One-A-Night: White uncoated oblong caplets imprinted with 'NS0', each containing 50mg of Diphenhydramine Hydrochloride BP. **Dosage and administration:** Two 25mg caplets or one 50mg caplet to be taken orally 20 minutes before going to bed, or as directed by a physician. Not recommended for children under 16 years. **Uses:** An aid to the relief of temporary sleep disturbance. **Contraindications:** Hypersensitivity to diphenhydramine, asthma, narrow angle glaucoma, prostatic hypertrophy, stenosing peptic ulcer, pyloroduodenal obstruction or bladder neck obstruction. **Warnings and precautions:** Nytol and Nytol One-A-Night are not recommended during pregnancy or for nursing mothers. Concomitant use with alcohol, other hypnotics, sedatives, tranquilizers or monoamine oxidase inhibitors should be avoided. Nytol and Nytol One-A-Night

should be used with caution in patients with myasthenia gravis or seizure disorders. Nytol and Nytol One-A-Night produce drowsiness/sedation soon after dosing and will affect ability to drive/use machines. Tolerance may develop with continuous use. **Side-effects:** Dizziness, drowsiness, grogginess, dryness of mouth, nausea and nervousness. Antihistamines have been reported rarely to cause thrombocytopenia. **Pharmaceutical precautions:** Store in a dry place. **Legal category:** P. **Retail selling price including VAT:** Nytol £2.25 for 16 caplets. Nytol One-A-Night £3.85 for 16 caplets. **Product licence number:** Nytol 0036/0050. Nytol One-A-Night: 0036/0069. **Product licence holder:** Stafford Miller Limited, Welwyn Garden City, Herts. AL7 3SP. **Date of preparation:** February 1998. Nytol is a registered trademark and Nytol One-A-Night and the Z's logo are trademarks of Stafford-Miller Limited. Further information is available from Professional Relations Division, Stafford-Miller Limited, Broadwater Road, Welwyn Garden City, AL7 3SP.





The new NHS in Scotland has been launched with the issue of a White Paper 'Designed to Care' at the end of 1997 and a Green Paper, 'Working Together for a Healthier Scotland', at the beginning of 1998.

The focus is on quality of care, but how do we as a self-regulated professional body ensure quality of care? Is mandatory continuing education the answer? Major criticisms of current programmes include a focus on teaching, not learning; monitoring attendance, not learning outcomes; and that courses are expensive and difficult to evaluate.

Is the answer accreditation of services? Should it be all pharmaceutical services or non-core services? If so, who should accredit? Should it be the profession or the NHS as the major purchaser of our services?

I put these questions to three eminent pharmacists from Scotland who agreed to share their views.

**Professor Clare Mackie**  
Head of School of Pharmacy  
The Robert Gordon University

# Who should accredit?

**Norman Lannigan**, chief pharmacist at the Western General Hospitals' Trust, Edinburgh, says that now is the time to start beefing up the standards of specialist services that pharmacists can offer

A clear commitment to making quality of care the prime focus of the NHS is demonstrated in the Government's recent White Papers. They have introduced the concept of clinical governance where the pharmacist, in common with other health care

and allows peers to judge the conduct of their fellows.

There have been questions as to whether the RPSGB has sufficient powers under the Pharmacy Act 1954 to take necessary action against those members whose practices do not meet acceptable standards.

It is encouraging to see that the Society is consulting over new proposals for the effective self-regulation of the profession. Particularly welcome is the proposal for greater involvement of patients and public in establishing standards of service.

The commissioning of extended pharmaceutical services such as domiciliary visiting, needle exchange and provision of monitored dose systems is very welcome. Who should decide which pharmacy is competent to deliver these services and therefore be awarded the contract?

Primary care groups (local health care co-operatives - LHCCs - in Scotland) may have the power to award contracts for specific extended pharmaceutical services. It is vital that these bodies have appropriate pharmaceutical advice.



**Norman Lannigan: wider horizons**

professionals, will be expected to continuously improve their quality of care and maintain high standards.

The Royal Pharmaceutical Society has expressed its concern that professional standards for pharmacy could be set by the Health Services Accreditation Group, which has been set up by a consortium of health authorities to design and test an accreditation scheme for the NHS.

The pharmaceutical profession, as a self-regulatory body, has served the public well for over 150 years. Over-regulation by the state stifles innovation and the ability of professionals to take decisions to meet an individual patient's particular needs.

A well-run system of self-regulation is open to public scrutiny

## Expectations

The public expects pharmacists to make sure it receives medicines which are appropriate to its needs in a safe and effective way at an affordable cost. It is not interested in the structure and processes, which deliver these outcomes, however the professional peer group must define them.

As a result of the Crown Review on prescribing of medicines, pharmacists with the appropriate training and experience (yet to be decided) may be given the power to prescribe.

Not all pharmacists will be allowed to prescribe, but who shall decide who is competent to do so?

Any accreditation of a special-



# Stick or carrot?

**Should continuing education be mandatory for pharmacists? Rose Marie Parr, director of the Scottish Centre for Post Qualification Pharmaceutical Education, explains her personal change of view**

**A** one-word 'yes' or 'no' answer to this question is too simplistic. If you had asked me five years ago, my answer would have been a resounding 'yes'. However, nothing stays the same in life, and never in pharmacy, so now I would say a resounding 'no' to the same question. Let me explain my U-turn.

## Some background

The Royal Pharmaceutical Society of Great Britain has defined continuing education as: 'The ongoing learning that professionals need to undertake throughout their careers, as a contribution towards the maintenance and enhancement of their personal development and professional competence.'

This is reflected in the Society's Code of Ethics (Principle 5) where it states that 'a pharmacist must keep abreast of the progress of pharmaceutical knowledge in order to maintain a high standard of professional competence relative to his sphere of activity'.

At the moment, pharmacists have a voluntary CE system, although we have an obligation to undertake at least 30 hours per annum. In addition, it is expected that pharmacists will meet together in a direct learning capacity at least once a year.

The RPSGB has a national CE syllabus, with sections for community, hospital, industrial and academic pharmacists. This can help individuals determine their own learning needs and guide them to the appropriate format of CE provision.

In Scotland, under the present

*Continued on P28 ▶*

ist pharmacist practitioner must be retained within the profession.

The Society's Code of Ethics has a 'catch all' principle, such that a pharmacist should not provide any service or practice in any way where they do not possess the necessary competencies.

This means that a pharmacist must be prepared to demonstrate to the satisfaction of others that they are competent. The profession already puts a great deal of effort into assuring the competency of its members. Undergraduate degree courses at schools of pharmacy are accredited by RPSGB through a rigorous accreditation process.

Pre-registration training is competency-based, under the supervision of trained supervisors, with an exam to test fitness to practice towards the end of the training.

The pharmacy profession has changed. In community pharmacy the compounder of medicines has become an informed advisor ensuring that the thousands of available medicines

are used safely and to maximum benefit.

Hospital pharmacists routinely contribute to multidisciplinary team treatment decisions and use their knowledge and skills to ensure the quality of the medicines management process.

In addition, the profession rightly aspires to widening its horizons, utilising the education and training to better effect for the benefit of patients. Pharmacists must recognise that in order to deliver the standards required of modern practice and its aspirations for future practice, the development of accredited specialist pharmacists will be required.

Such specialists will be the pharmacists who will prescribe or who will deliver extended services.

## Clinical skills

One of the most exciting developments in recent years has been the emergence of the primary care pharmacist practising clinical skills within a general practice environment.

Of major concern to some is the wide variation in clinical compe-

tency of pharmacists practising as primary care pharmacists. One bad experience of an inappropriately experienced primary care pharmacist in one locality could irretrievably damage the development of such practice in that area.

The profession must act now to accredit those who will be the future prescribers and those who wish to provide specialist extended services.

Medical practitioners who choose to specialise must undergo a period of post-registration vocational training through an accredited scheme. This is governed by a tried and tested system operated by the medical colleges, membership of which is earned by convincing peers of fitness to practise as a specialist.

If pharmacy does not fill the post-registration gap, there is a danger others will do it for us. There is a role for both the RPSGB and the College of Pharmacy Practice to take the initiative in ensuring that our specialist practitioners of the future are accredited by their peers to ensure quality and high standards in pharmaceutical care.

**The profession must act now to accredit those who will be the future prescribers**





◀ Continued from P27

'voluntary system', with one national CE provider, more than 70 per cent of NHS pharmacists have participated in a CE event (unpublished SCPPE data). This contrasts favourably with pharmacists' voluntary participation rates quoted in other countries, including Denmark (50 per cent), the Netherlands (43 per cent) and Spain (20 per cent).

So, is there a problem with a voluntary-type system of CE within Europe? Why are there so many calls within the profession to make CE mandatory? Should we follow the nursing profession in their PREP system and make CE a statutory right?

One major reason for the pharmacy profession to push for a change to primary legislation to make CE mandatory is that the majority seems to want it. Research within Scotland on pharmacists' attitudes to CE found that 60 per cent of respondents agreed that the RPSGB's target level of 30 hours of CE per year was appropriate.

In addition, the results of a survey in 1997, which asked "Did pharmacists in Scotland want mandatory CE?" showed that 71 per cent of respondents thought CE should be mandatory (unpublished SCPPE data).

Is this an expression that if one pharmacist is taking up CE then all should? Is there a feeling that mandatory CE would raise standards and stop the incompetent pharmacist from practising?

Do we equate our profession with that of nursing, and feel that mandatory CE is the right way forward? Is there a feeling of being disadvantaged as pharmacists when we have examples of other professions receiving postgraduate allowance for undertaking CE?

## The incentives

Recent research in Scotland asked pharmacists to list their top three reasons for participating in CE. The results were:

- 1 keeping up-to-date
- 2 interest in the topic
- 3 relevance to current practice

A financial incentive may encourage more pharmacists to take part in CE, but does money really motivate people? If money is a motivation or satisfier, why is there no relationship between wealth and happiness? Maybe there are some reasons why:

- **Adaptation:** Everyone is happier after a pay rise – but there is adaptation and the effects soon disappear.
- **Alternatives:** Declining marginal utility of money – as one has more money, other things (health, freedom, friendship) seem more valuable.
- **Comparison:** People define themselves as wealthy in compari-



Rose Marie Parr: U-turn

son to others – there is always someone better off financially.

So, financial incentives do motivate, but mostly only in the short term. Money tends to have less effect, the more comfortable people are. As many recent lottery winners can testify, money doesn't end peoples' troubles – it merely changes them.

What other incentives could be used to increase participation in CE? Other 'what's in it for me?' factors include:

- **Professional self-esteem.** I think this is the most potent factor driving pharmacists to maintain competence in their own practice and to take on new developments with confidence. I believe we can never shout loudly enough about the safe, efficient and accessible pharmaceutical service we supply.
- **A postgraduate education allowance (PGEA).** GPs made money from their global sum available as an allowance only after CE attendance.

The positive aspect of this incentive is that there could be more pharmacists taking up CE courses. There was a five-fold increase in GPs attending courses following the introduction of PGEA. If pharmacists had a similar arrangement to doctors, it would stop any feelings of being disadvantaged compared with the medical profession.

However, there is a perception by some GPs and CE providers that the quality of their CE events has diminished. Following shared learning provision in Scotland for GPs and community

pharmacists, comments from GPs were very favourable, implying that the standard of pharmacy CE courses was higher.

Other WIFMs could include accreditation of courses and certification of attendances. This may be valuable in documenting CE attendance; however, credit points or certification alone cannot ensure a positive outcome. The old adage is also true, that attendance at courses alone cannot ensure competence in practice.

## Move from CE to CPD

The Royal Pharmaceutical Society's definition of continued professional development (CPD) is: 'The maintenance and enhancement of knowledge, expertise and competence of professionals throughout their careers according to a plan formulated with regard to the needs of the professional, the employer, the profession and society'.

To help fulfil this responsibility, pharmacists can participate in CE. There are, however, wider activities, such as professional audit, practice research, post-graduate courses, professional organisations, provision of training, coaching or mentoring.

Thus, the essential principles of CPD are fundamentally different from 'just attending courses' and include that:

- development should be owned and managed by the learner
- CPD is a personal matter and the effective learner knows best what he/she needs to learn
- development should be continuous, in the sense that the professional should always be actively seeking improved performance
- learning objectives should be clear and, wherever possible, should serve the organisational as well as individual goals
- regular investment of time in learning should be seen as an essential part of professional life, not as an optional extra.

CPD involves identifying needs, participation, recording and evaluation.

So, in answer to the original question 'Should CE be mandatory?', I think not. Our profession has moved on towards CPD and, if we follow the principles it embodies, to talk of mandatory CPD would be an oxymoron.

We can demonstrate CPD as a profession to ourselves, other professions and ultimately to patients. So let's rid ourselves of the rigid, 30 hours CE concept of 'collecting course' and demonstrate CPD through a quality profession.

*The views stated in this article are personal ones, and are not reflective of Rose Marie Parr's position as director of SCPPE or as a member of the PQEB for Scotland. References available on request.*

# Are we all equal?

**Should the non-core services that community pharmacists provide be accredited? Alison Strath, the National Pharmaceutical Association co-ordinator in Scotland, says there is no other option...**

*'All pigs are equal, but some are more equal than others'. Animal Farm. George Orwell.*

**W**hat do we mean by accreditation? The dictionary definition is 'to give trust or confidence to ... to furnish with credentials'. In other words, accreditation demonstrates a competency to deliver services.

High quality, consistent standards are at the heart of pharmaceutical services. This fits well with current government policy where the emphasis is on standards, quality and equity.

Before deciding that accreditation is the best way forward, some issues need resolving. What exactly is a non-core service? How do we establish quality standards? Should accreditation be mandatory? Who should accredit services?

Non-core services can easily be defined as those that are not negotiated centrally as part of the global sum, such as prescribing advice, methadone supervision and domiciliary visiting.

The Code of Ethics is a good starting point for establishing quality standards. There also needs to be an evidence base to establish best practice. The profession needs to look at what it does, and where the evidence exists to underpin the service.

Possible accrediting bodies include the Royal Pharmaceutical Society, the College of Pharmacy Practice, academia and health authorities. The professional body must have a key role in defining core standards, but requirements





**Alison Strath: establish standards**

will also, without doubt, be driven by the paymasters.

There are a number of drawbacks to accrediting services. The profession advocates that all pharmacists are equal, especially when negotiating core services.

Accreditation begins to divide the innovators from the laggards, leading to a two-tier system, with unequal access to services for patients.

Another disadvantage is the development of different levels or standards of services from area to area. This is confusing for patients, who expect the same standards of service wherever.

The advantages, however, outweigh the disadvantages. Accreditation is a quality marker. It offers purchaser and consumer a guarantee that the services on offer are of the best.

Accreditation opens avenues for payment outside the global sum. As a consequence there is an incentive to improve pharmacists' knowledge base.

It builds credibility in the services being offered. It also means that pharmacists can market their services with confidence.

Other professions already have accreditation schemes in operation. The Royal College of General Practitioners has introduced a Fellowship by Assessment and a Quality Practice Award.

The United Kingdom Central Council for Nursing, Midwives and Health Visitors (UKCC) is implementing standards for post qualification education and practice (PREP).

PREP requires that all nurses undertake mandatory education to enable them to practise nursing and remain on the register.

Within pharmacy, there are a number of quality markers, notably membership of the College of Pharmacy Practice. Accreditation exists in secondary care and some primary care settings, through ISO 9000, Kings Fund Organisational Audit, Investors In People, hospital accreditation schemes and other recognised markers.

Dorset LPC has worked closely

with its health authority to introduce a range of innovative pharmaceutical services. Pharmacists are accredited and paid for providing specialised services, and other members of the primary care team can refer patients to them. This ensures quality and equity to patients across the whole health authority.

Birmingham HA has had a scheme for a number of years that includes meeting objectives such as display of recommended health promotion leaflets, attendance at training courses, achieving premises criteria, counter assistant training, participation in a number of local initiatives and audit.

In North West Anglia the accreditation scheme includes health promotion services, standards for premises, training for pharmacists and technical staff, provision of advice and working within the primary care team.

The advantage of these schemes is that all pharmacists have the opportunity to provide these services, which means the processes are inclusive rather than exclusive.

In Scotland, quality assurance and accreditation are values underpinning the most recent White Paper, 'Designed To Care'. The intention is to build a nationally organised accreditation scheme for all health service practitioners.

It is also worth bearing in mind that if community pharmacy contracts are to sit on primary care trusts in Scotland after April 1999, there will be a requirement to demonstrate quality standards.

This may be used to put pressure on pharmacies not operating to recognised standards to improve, amalgamate or close down.

There is also a strong emphasis on clinical governance. The intention is to build on existing patterns of professional self-regulation and to build clinical quality in to the process.

Accreditation ensures that patients receive a uniform high quality service and equity of treatment. It also raises the profile of community pharmacy.

So the answers to the questions: *Are all pharmacists equal?* All pharmacists are equal if we are looking at core services. But they will diversify to provide a range of non-core services.

Not all pharmacies will offer such services, but for those that do, they should be encouraged. Accreditation is a means to reward such endeavour.

*Should non-core pharmacy services be accredited?* Pharmacists should be accredited to offer non-core services. In fact, in the future, possibly even the core services will be accredited, with pharmacists offering high quality services achieving gold standard levels.

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\*Trade Mark



What goes into a product launch? *C&D* shadowed a product manager for a day as she met public relations, advertising and trade promotion colleagues to thrash out ideas for a new brand's campaign

# Countdown to launch

**B**ella Given can afford to relax a little with the launch of Solpadeine Max. As the brand's product manager, she has been working feverishly for 18 months. It has been her job to pull together various strands that preceded its launch, such as its research, packaging, production schedules, roll out and promotion campaigns.

The idea for Solpadeine Max developed in 1996, when research on Solpadeine found that younger consumers were not attracted to the brand. SB asked 2,000 consumers what type of pain relief they wanted.

SB could have opted for a new formulation, but that would have meant a two-year wait. So SB took an existing formulation containing 500mg paracetamol and 12.8mg codeine, because that met its need for a maximum strength pain killer.

**9.30** am, on March 6. A quick meeting with Beverly Wigg, from the agency that handles Smithkline Beecham trade PR.

At this stage, Bella has already chosen Solpadeine Max's silver and black pack design. Its name was considered the best out of a bunch that included Solpadeine Ultra, Solpadeine Extra and Solpadeine Plus. Consumer research pointed towards the final choice which was submitted to the Medicines Control Agency for approval.

The pack design has been a hit with a target consumer group – Bella admits SB first thought silver and black was too extreme.

She tells Beverly that Solpadeine Max must be clearly visible in pharmacies, which is why a window display, among other things, has been designed.

Solpadeine Max will be advertised nationally, but SB will focus on areas where Solpadeine is not as strong. The company will spend about \$1m on advertising.

Bella says Boots, Tesco and Safeway have responded positively to Solpadeine Max. "Boots has one-third of the market, so they're key to us. So are the wholesalers, like Unichem and buying groups like Numark, because they reach so many units. We've booked presentations with them."

She plans to talk to SB's panel of eight pharmacists to see how independents view the brand.

"We hope by the time we present our product to our accounts, there are no issues. Then they'll mainly ask about its promotions," she says.

She tells Beverly that Solpadeine Max's press coverage should start on June 1. "So we'll send it out physically mid-May."

Beverly will provide press release copies, for her approval, by mid-May. They'll meet again in early April to discuss pictures.

**10** am. Bella and Kerry O'Callaghan, Solpadeine's senior product manager, meet representatives

from Mediacom, an agency that buys advertising space, Ogilvy & Mather (O&M), the advertising agency, and Clarion Communications, a PR company.

Bella points out that it's unusual to have both PR and advertising teams in the same meeting.

No-one looks over 35 years old – has SB deliberately picked youngsters to deal with Solpadeine Max? Its target consumers are 18-34 years old. Bella smiles at the thought. "Product managers tend to be very young – you don't find many in their late 30s," she says.

The atmosphere is relaxed. The group also works on Solpadeine, so they know each other well.

Bella spells out the urgency of the meeting: "At the end of the day, I want to ensure we go away with clear action points because the product will be in warehouses by May 26," she says.

It will take two to three months to build up 70-80 per cent distribution. SB will call on about 4,000 independent chemists. Supermarkets are becoming more important because of their in-store pharmacies.

Solpadeine Max will not be advertised until September





**Now that Solpadeine Max has been launched, Bella is working on expanding its distribution and ensuring pharmacies can obtain its PoS material. She is also liaising with agencies to develop the brand's promotional campaigns**

"because people will still be on holiday when it's launched. And in September, students go back to college and university", says Bella.

She passes around PoS material, which is mainly for independents. "Boots strongly resists PoS material," she says.

**11** am. Mediacom's Paul Coffey looks at the advertising options. Solpadeine Max's target consumers, he says, are not that keen on mainstream television. They spend a lot of time "out and about".

Cinema, cable and satellite TV, and posters are some of the best means of reaching them.

"\$19.1m was spent on analgesics last year, 71 per cent of which went on broadcast media and 29 per cent on magazines. No one spent anything on the consumers we're aiming for, so there's a good opportunity for us," he says.

Cinema is not cost effective, he says, but offers a captive audience. Advertising on videos is attractive because they are often rented by Solpadeine Max's target consumers. "About 75 per cent of a video audience watch trailers and commercials without fast-forwarding the tape," he says.

Advertising panels within tube trains could work equally well. "They're good because you're hitting people who are stressed."

Bella believes 'tube panels' may work well in the November/Christmas period. Kerry advises Paul to choose his media programme carefully. "You don't want to put off established Solpadeine users," she says.

SB has provisionally allocated \$150,000 to cover the TV cam-

paign's production costs and about \$30,000 for the poster production costs.

**11.45** am. O&M presents its 'creative brief'. Joel shows a video filled with the images of youth enjoying themselves, then having to cope with the stress of work the following day. A crowd of them, for example, are drinking by a long bar – suddenly the scene switches to a man clutching his head at work.

Laura VanZeveren, Joel's colleague, says there are limits to the images they can use: "This is a serious painkiller – not something that is going to kick start you at the beginning of a day. We rejected snow boarding and other such images because they're too aspirational."

Bella rejects the picture of a young man skating around a dirt track: "He looks too alone." One of her favourites is a picture of a young man staring at the camera. "He's got striking eyes," she says.

Joel says the key proposition is: 'Solpadeine Max won't let pain hold you back'. "It will be like cKOne ads – serious but stylistic."

He has chosen two colleagues, in the target age group, to devise some commercials. Bella is apprehensive because she does not know them.

**12.45** pm. Brief break for lunch in the boardroom. Bella says she has ordered at least 15,000 cases of Solpadeine Max from SB's plant in Dungarvan, Ireland. She is also arranging for 'safety stock' in case demand is higher than expected.

**1.15** pm. Clarion Communication, the PR team, rolls out

its ideas. As the PRs were first briefed about Solpadeine Max earlier in the year, they have had time to develop some proposals.

Solpadeine and Solpadeine Max must have "different personalities". Position the Solpadeine range as the pain expert by explaining pain, they say, but emphasise there is nothing available without prescription that is stronger than Solpadeine Max.

Clarion suggests sending a trendy couple "with attitude" around the main publishing companies. The couple would deliver a message, perhaps by rapping, to key journalists.

It has produced a silver credit-card sized address book for students. There is also a leaflet which would have hints about pain relief, hangovers and headaches. Bella likes the ideas.

Alternatively, according to Clarion, Solpadeine Max could run reader offers in target magazines such as *Mix* and *Cosmopolitan*.

The PRs pass a pair of black, wraparound sunglasses in a silver case around the room. They usually retail at \$40, but Smithkline Beecham can buy them for 'pounds'. Everyone agrees they look "cool".

Joel suggests a competition for men offering a once in a lifetime prize, such as water rafting. The PRs prefer a reader offer, where the first 100 winners of the competition would go on an 'Solpadeine Max weekend'.

Bella agrees that could be possible, but says the ideas must be cleared with the Proprietary Association of Great Britain.

Solpadeine Max's PR campaign will be finalised at a future meeting.

**3** pm. Meeting with Jennie Ling, SB's promotions communications manager. Part of her role is to design SB's

PoS material. Solpadeine Max's PoS package will cost about \$200,000.

For all the background activity, the brand remains a closely guarded secret. Jennie's office windows look out onto an open-plan floor: inside the office, a prototype of Solpadeine Max's window display unit sits with its back facing the windows.

"We don't want account managers to see what it looks like," says Bella. "If news of the product leaked out it would spoil the sales force presentation." (Bella organised the brand's unveiling to the sales force on May 8.)

The window display will go to the top 1,000 pharmacies, which have a high foot flow and attract youngish consumers. Solpadeine sales reps will suggest some likely candidates.

Bella wants the display positioned perfectly. "I want it to catch the light because that will catch people's attention," she says. She adds the brand also needs a credit card-sized leaflet – for pharmacy assistants – to illustrate its key features.

Jennie promises to make a shelf edger for the brand's packs.

**3.30** pm. Bella looks at new artwork for Solpadeine Max's pack. "We're still at the developmental stage. We've finalised what the copy is going to say on the pack, we've finalised the leaflet, all of which has to be approved by the Medicines Control Agency," she says.

Her days are becoming increasingly frantic as the project nears completion. "I find it exciting because I'm doing so many different things in one day. Every day is quite creative because you know the information you want to convey – it's about conveying it in the most persuasive and relevant way."

*The promotions discussed here were merely suggestions – not Smithkline Beecham's final plans.*

**For all the background activity, the brand remains a closely guarded secret**

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# Biocompatibles International to raise £29m through a placing and open share offer

Biocompatibles International (BI) plans to raise about \$29m through a placing and open offer.

The company, which specialises in phosphorylcholine-based (PC) technology and products, will use the money (plus \$18m held in reserve) to fund its operations for at least a year.

BI is issuing 22,358,613 units at 130p per unit. Each unit consists of one new share and one warrant. Its offer is being underwritten by Merrill Lynch Interna-

tional and Dresdner Kleinwort Benson.

BI's previous 12 months have been tough. Last summer its shares topped 1177p, but they dived to 592.5p after Johnson & Johnson refused to license its PC-coatings. In February this year, BI's shares plummeted 42.7 per cent to 215p when Alistair Taylor, its president, was asked to leave immediately. The company was unhappy with its progress under his helm. It is still

being run by a management committee until a chief executive is appointed.

BI admits that work on commercialising its technology has been "slower than expected" and that there have been "unexpected delays" in establishing licensing, collaboration and distribution agreements with third parties.

Matters are improving. The company has signed a research and development agreement

with US-based Boston Scientific, which produces medical devices, to develop PC-coatings for vascular grafts, arterial venous grafts and stent grafts. BI has also sealed exclusive agreements with eight medical device distributors to market its PC-coated coronary stents in eight countries, including France and Italy.

BI made a pre-tax loss of \$28.1m on a turnover of \$13.2m for the year to December 31.

## AAH sells Hillcross Pharmaceuticals

AAH Pharmaceuticals has sold Hillcross Pharmaceuticals, which packages generics, for an undisclosed sum to a management buy-out team.

The sale includes Hillcross' plant in Burnley, Lancashire. AAH, however, still owns and supplies the Hillcross range of own label generics.

Michael Payne, Hillcross' former managing director and leader of the mbo, says the move is "designed to secure employment for transferred employees, and in the near future, provide many further local opportunities".

# Pharmacists ignore '2000 bug'

Many pharmacists have still not ensured their computers will deal with the so-called 'millennium bug', according to Unichem.

The problem has been spotted by Unichem's regional committees, which have sent questionnaires to pharmacies as part of their two-way communication with them.

Paul Brown, chairman of Unichem's north east regional committee, comments: "There are thousands of computers in pharmacies which need to be

addressed - pharmacies need to contact their systems suppliers as soon as possible to raise the issue."

Unichem's research suggests pharmacists' businesses could grind to a halt, unless they address the problem. Some pharmacists, for example, may not be able to open their shops in the morning. Systems which need looking at include alarms, phone systems, tills and dispensing and ordering equipment.

Unichem has made sure all its systems will cope with the poten-

tially damaging date change in 2000. Its customers have been told to call its head office for advice.

Customers who have signed up to the Mediphase PMR system will have their computers adapted for free - the process will take less than two weeks. Others may have to buy a new computer, according to Unichem.

Unichem customers with any queries should contact their local representatives, whose details are included in the company's promotions book.

## SB files US lawsuit over Paxil patent

Smithkline Beecham says it will file a lawsuit within the next two months to prevent Torpharm and Apotex, both generic manufacturers, from allegedly infringing Paxil's patent.

Canada-based Torpharm, affiliated to Apotex, wants to launch its generic version before Paxil's US patent expires in 2006.

Howard Pien, SB Pharmaceuticals' president, says the generic companies' moves are not unex-

pected. "It is common practice for generic manufacturers to try to circumvent patents on major products. We have a strong patent position [on Paxil] and will vigorously defend it."

SB's lawsuit will delay the generic companies' new product applications for 30 months.

● SB and Leo Pharmaceutical Products have signed a deal to develop and market dermatological pharmaceuticals.

# Business rates unfair on small retailers

Business rates are imposing an unfair financial burden on small retailers, according to a survey by the British Retail Consortium.

This year's rates represent 22.5 per cent of small retailers' operating profits, on average, and "could make the difference between continuing to trade or not." Large retailers' rates, in contrast, were equivalent to 18 per cent of operating profits.

All retailers, however, face potentially crippling rates because of changes to the Uniform Business Rate system (UBR). The Government's consultation document: 'Modernising Local Government - Business Rates', proposes a centrally prescribed rate, but suggests a new system that would enable local authorities to top up this rate.

This move partly follows pressure from the authorities, who claim they lack control over business rate revenue because the Treasury decides how it should be distributed. The Government also wants to decentralise power to the authorities.

BRC estimates that a 1 per cent increase in local authority expen-

diture would lead to a 4 per cent increase in business rates in prosperous areas, but a 9 per cent increase in poorer areas.

For all retailers, this would cut their operating profits by 1 per cent in relatively affluent areas, but the reduction would be almost 2 per cent in poorer areas.

BRC says the Government should introduce a ceiling on how much local authorities can top the rates. Without this constraint, it adds, retailers could see a return to pre-UBR days when rates often rose at more than double the rate of inflation.

"Any 'top up' must be capped increases to central poundage should be restricted to an upper limit linked to the Retail Price Index, and local businesses should have a say in how the extra revenue is spent," says BRC.

It is also concerned by the year 2000 property revaluation, which will be based on rental evidence from 1998. As property rents are currently high, retailers could see their rates rise considerably.

Its survey covered nearly 17,000 properties with a combined turnover of \$56 billion.



Weldricks Pharmacy is supporting Doncaster's New Deal employment scheme, part of a national initiative to find jobs for long-term unemployed aged 18-24. As the company's operations include 29 pharmacies in south Yorkshire, plus a warehouse, it usually has vacancies throughout the year. Marilyn Jones, Weldricks' pharmacy training and recruitment officer, says New Deal youngsters will be offered priority hearings over any other applicants. But she stresses that does not guarantee they will be offered jobs - every applicant will be judged under Weldricks' usual criteria. (l-r) Marilyn Jones and Dave Barrett, Employment service district manager



# Strong pound to cost Zeneca £110m

Zeneca has warned the strong pound could knock \$110m off its profits, compared with last year's results, if the currency remains high throughout the year.

Sir Sydney Lipworth, Zeneca's chairman, told shareholders at its annual general meeting that sterling had continued to grow stronger during the first quarter. Last year the strong pound had cost Zeneca \$178m of profit and \$522m in sales. Excluding currency effects, Zeneca's pharmaceutical business was growing "in line with expectations".

The news comes as Zeneca's board prepares itself for a reshuffle. Sir Sydney will step down as chairman at its next annual general meeting in May, 1999. His successor will be Sir David Barnes, currently chief executive. Dr Tom McKillop, chief executive officer of Zeneca Pharmaceuticals, will become the group's chief executive.

Michael O'Brien, chief executive of Salick Health Care, will become Zeneca Pharmaceuticals' chief operating officer from August 1. Next year he will suc-

ceed Dr McKillop as the company's chief executive officer.

The company, meanwhile, has installed the operations to enable it to deal with the Euro from January 1, 1999. It cannot ignore the new currency because 28 per cent of its global turnover stems from European Union members.

Zeneca's customers will be able to pay in either Euros or national currencies.

**Sir David Barnes, who will become Zeneca's chairman next year**



## ABPI seeks talks on 'rounding' scripts

The Association of the British Pharmaceutical Industry is approaching the Department of Health, GP and pharmacy representatives to discuss Baroness Jay's recent comments on possibly allowing pharmacists to round down prescriptions.

Health minister Baroness Jay said the Government could consider the move as a contribution to the patient pack initiative.

Michael Bailey, ABPI's president, says it welcomes any move by the Government that would make dispensing patient packs more effective. "Previous discussions we've had with the DoH and professions have talked about rounding up or down perhaps by up to 20 per cent. Baroness Jay talks about rounding down only and doesn't specify a figure."

The ABPI would seek further details from the Government, he adds, which would help it to gauge the implications of the proposal – if it is adopted.

UK pharmaceutical exports rose 2 per cent to \$5.484bn last year. The trade balance (exports over imports) grew to £2.292bn.

## UK pharmacists are top performers

UK pharmacies are outperforming most of their European colleagues, reports the latest IMS Health drug monitor.

Pharmaceutical sales through UK pharmacies rose 7 per cent to \$7.762bn for the year to February. Their performance was beaten only by pharmacists in Spain, whose sales grew 11 per cent to \$4.864bn.

Cardiovascular drugs remain the best-selling in the UK – up 11 per cent to \$1.518bn. One of the

best performers was treatments for central nervous system disorders, whose sales leapt 16 per cent to \$1.297bn. Alimentary/metabolism drugs, in contrast, grew only 2 per cent to \$1.451bn.

Blood agents remain the fastest growing therapeutic group – their sales rose 31 per cent to \$47m.

The UK market remains the fourth biggest in Europe. Germany is the leader, although its sales rose only 3 per cent to

\$14.583bn, followed by France, whose sales grew 2 per cent to \$13.418bn.

Pharmaceutical sales in the US grew 11 per cent – at a constant dollar exchange rate – to \$72bn. Viagra, the new treatment of erectile dysfunction from Pfizer, is the country's fastest-growing product launch.

Further news of Viagra's performance and other market news can be found at: [www.ims-america.com](http://www.ims-america.com).

## Bright future for functional sweets

UK sales of 'functional confectionery', which is enriched with vitamins and minerals, will surge over the next five years, according to Datamonitor.

Functional confectionery currently accounts for 1.2 per cent of the \$1.538bn UK sugar confectionery market. British consumers annually spend only about 30p per head on this type of confectionery. Its share of the market, however, is set to rise to 6.5 per cent by 2003.

German consumers are already ahead of the times. They

spend nearly \$1 per head on functional confectionery, which accounts for 7.3 per cent of their sugar confectionery sales and will rise to 12.1 per cent by 2003.

Leading European brands include Ricola, the Swiss herb lozenge imported in the UK by Cedar Health. Functional confectionery is usually 30 per cent more expensive than regular confectionery and is sold in smaller pack sizes, aimed at adults.

'European Nutraceuticals', priced \$2,495, Datamonitor, tel: 0171 316 0001.

### COMING EVENTS

#### TUESDAY, JUNE 2

##### NICPPET

Belfast. 'Introduction to e-mail and the Internet'.

#### WEDNESDAY, JUNE 3

##### WCPPE

Aberaeron. 'ADRs'.

#### THURSDAY, JUNE 4

##### WCPPE

Swansea. 'Critical reading course'.

##### WCPPE

Cardiff. 'Emergency first aid'.

##### WCPPE

Llanfairisgaer. 'Understanding the three Cs (caps, condoms and contraceptives)'.

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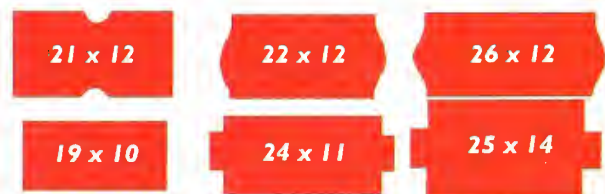
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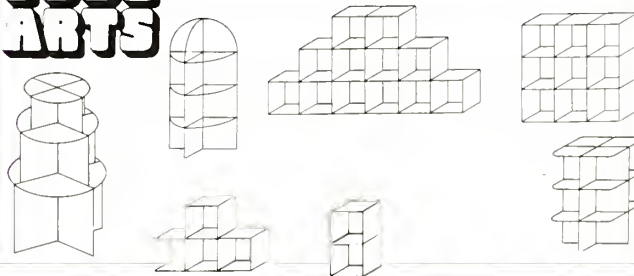
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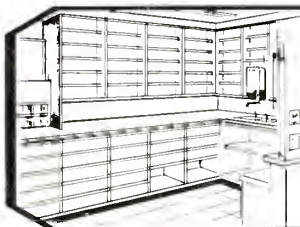


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# ABOUT people

## First class pharmacy



### Health

Issue date - 23rd June 1998

## Pharmacists on the move

The Oshwal Pharmacists are inviting pharmacists, their friends and families to take part in a 10km charity walk on June 28.

The walk begins and ends at the Oshwal Centre in Coopers Lane, Northaw, near Potters Bar, and passes near Cuffley. Lunch will be provided afterwards.

The organisers, who are looking for sponsors, are hoping to raise £30,000 for the British Diabetic Association, the UK Thalassemia Society, and the Imperial Cancer Research Fund.

For further information, call TOP's secretary Dilip Maroo on 0181 446 6604 (daytime).



Five pharmacists have lobbied Dr Jack Cunningham, MP for Copeland, on resale price maintenance. Community pharmacists (l-r) Ian Graham (Whitehaven), Alan Drysdale (Egremont), Ken Robson (Millom), Jeff Forster (Frizington) and Stephen Reay (Seascale) visited Dr Cunningham at his surgery at Whitehaven Business Centre on May 15

## Holiday incentive for customers to quit

Pharmacia & Upjohn is distributing entry forms for a customer smoking cessation competition to independent and Tesco pharmacies this week.

The company is sponsoring

the 'Quitter of the Year' award, with the charity Quit and *Bella* magazine, for a second year, to recognise the efforts of people who stop smoking.

This year's winner will be cho-

## Pre-NHS exhibition launch

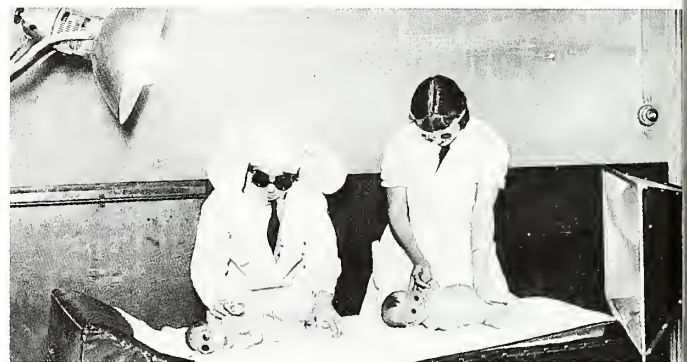
A touring exhibition looking at health care in Britain in the 50 years before the NHS was established has been launched.

'Waiting for the NHS' comprises eight wall mounted panels and two free-standing travelling showcases. One of the panels discusses medicines and the chemist's shop, including pictures taken from *Retail Chemist*, later incorporated into *C&D*.

Intended for display in muse-

ums as well as hospitals and schools, the exhibition draws on the collections of the group London's Museums of Health and Medicine (LMoHM), to which the Royal Pharmaceutical Society museum belongs.

The exhibition is available for show on a monthly basis. For further details contact Kevin Flude, exhibition co-ordinator, at 21 Brooke Road, London, E5 8SF. Tel: 0181 806 3742.



One of the photos from the exhibition shows physiotherapists at the Middlesex Hospital in central London in 1931 treating young babies with low level UV light. The treatment was used in cases of suspected rickets and other conditions associated with insufficient exposure to sunlight, partly due to high levels of air pollution in the capital

### APPOINTMENTS

The National Pharmaceutical Association has appointed **Matthew Shaw** and **Jenny Webb** as community pharmacy development co-ordinators. Mr Shaw will cover the North-east, Yorkshire and Trent regions, and Mrs Webb will look after the south Thames and south-west regions.

Enterprise, a division of Barclay Pharmaceuticals Ltd, has promoted **Simon Shakespeare** to national sales manager. The company has also promoted **David Brookes** to north-west England area sales manager and **Greg Poole** to Northern regional sales manager. **Mark Shilton** has joined as ethical buyer.

Nichol Beauty Products has

promoted **Ian Kirk** as associate sales director, **Kieran MacSweeney** as senior national accounts manager and **Vinc Jolly** as national accounts manager. **John Walker** has joined from Bristol Myers as national accounts manager, while **Geoff Ridout** joins from Redmond Products as European business development manager.

**Dr Fran Crawford** has been appointed R&D director of Ethical Holdings plc. **Paul Gibbon** is the new commercial director of AAH Hospital Service has appointed **Mark Cartwright** as national sales manager. Ranbaxy's former managing director, **Peter Wittner**, has joined Positive Healthcare Ltd as a non-executive director.

sen from eight regional finalists and he or she will be presented with their award at a luncheon in London in November.

The winner will receive a trophy and £2,000 worth of holiday vouchers, while two runners up will each receive £1,000 worth of

holiday vouchers. The closing date for entries is June 30.

"We would like to thank pharmacists for their help in bringing smoking cessation to the attention of their customers," says Alison Williamson of Pharmacia & Upjohn.





**20-21ST SEPTEMBER 1998 • OLYMPIA 2 • LONDON**

# CHEMEX'98

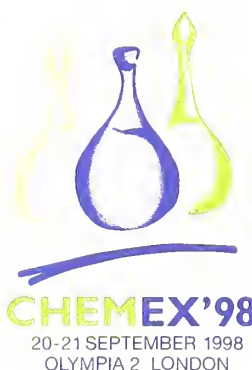
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- Launch of OTC Village - dedicated area includes special symposium theatre exclusively for OTC manufacturers
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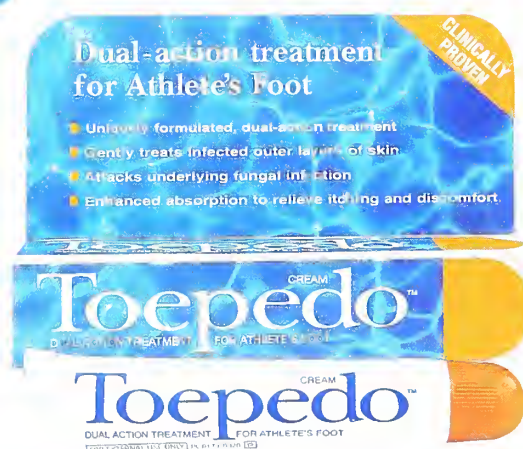


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**Directions:** Apply a thin layer to the affected areas and massage gently until absorbed. Apply twice daily until symptoms clear. **Indications:** For the treatment and management of Athlete's Foot and other appropriate fungal skin infections. **Contra-indications:** Do not use to treat thrush and keep away from face, bottom and genital (sex) regions. Do not use on moles, rashes, or any skin lesion for which TOEPEDO is not recommended. Do not use if sensitive to any of the ingredients. **Precautions:** Keep all medicines out of the reach of children. **FOR EXTERNAL USE ONLY** **Side-effects:** Toepedo may occasionally cause mild skin irritation. **Legal Category:** P **Packing:** Tubes of 20g (PL0173/0020), RSP £3.95 (£3.36 exc. VAT). 5/97.

